

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Soleply LLC

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 85-3898824

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	2000 Route 38, Space 2160 Cherry Hill, NJ 08002 Number, Street, City, State & ZIP Code	807 Dover St Cherry Hill, NJ 08002 P.O. Box, Number, Street, City, State & ZIP Code
	Camden County	Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.soleply.com

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor **Soleply LLC**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5932

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District _____
District _____

When _____
When _____

Case number _____
Case number _____

Debtor **Soleply LLC**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	Relationship
District	Case number, if known
_____	_____
_____	_____

11. Why is the case filed in this district?
- Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds
- Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor

Soleply LLC

Name

Case number (if known)

☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Soleply LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 21, 2025**
MM / DD / YYYY

X 
Signature of authorized representative of debtor

Thomas Yoder
Printed name

Title **Chief Operating Officer**

18. Signature of attorney

X **/s/ Ronald S. Gellert**

Date **March 21, 2025**
MM / DD / YYYY

Signature of attorney for debtor

Ronald S. Gellert
Printed name

Gellert Seitz Busenkell & Brown, LLC
Firm name

1201 N. Orange Street
Suite 300
Wilmington, DE 19801

Number, Street, City, State & ZIP Code

Contact phone **(302) 425-5806**

Email address **rgellert@gsbblaw.com**

4259 DE

Bar number and State

Fill in this information to identify the case:

Debtor name Soleply LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

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An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

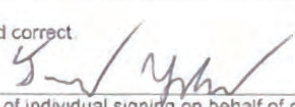
I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct.

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 21, 2025

X


Signature of individual signing on behalf of debtor

Thomas Yoder

Printed name

Chief Operating Officer

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Soleply LLC**
 United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Alex Mercado 711 N. Warwick Road Magnolia, NJ 08049						\$1,978.02
American Express 28 Lilbert Street New York, NY 10005						\$47,891.12
Ariana Gonsalves 229 Pitman Street Attleboro, MA 02703						\$1,648.35
Assan Faye 83 Wainwright St Providence, RI 02908						\$1,219.78
Chase Bank 700 Kansas Lane Monroe, LA 71203						\$86,238.96
Courtstyles LLC Box 351 2820 Audubon Village Dr Norristown, PA 19403						\$32,313.00
DG Sneakz LLC 725 County Line Rd., Unit D Huntingdon Valley, PA 19006						\$288,668.00
Dustin Billow 401 Silver Hill Road Cherry Hill, NJ 08002						\$2,571.43
Dustin Desher 521 Arch Street Riverside, NJ 08075						\$1,813.19

Debtor **Soleply LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
First Corporate Solutions, Inc. 914 S Street Sacramento, CA 95811		Receivables and proceeds thereof	Contingent Unliquidated Disputed	\$826,665.64	\$0.00	\$826,665.64
Joseph Monzo 514 Pomona Road Riverton, NJ 08077						\$1,401.10
Kajie Li 230 People Way Hockessin, DE 19707						\$320,874.64
Kichael Kusman 228 Camerton Lane Townsend, DE 19734						\$3,131.86
Leonty Danzie 430 Pine Street, Apt 1A Providence, RI 02907						\$1,648.35
Luxury Emporium 1715 Oak Street, Suite 1 Lakewood, NJ 08701						\$54,865.00
Marcum LLP 1601 Market Street 4th Floor Philadelphia, PA 19103						\$8,025.00
Mercedes-Benz Financial P.O. Box 5209 Carol Stream, IL 60197		2021 Mercedes Sprinter 2500; VIN 2436		\$46,520.46	\$32,500.00	\$14,020.46
Nathaniel Yasay 32 Gardenia Drive Maple Shade, NJ 08052						\$1,401.10
Nevis Truitt 12 Gilpin Rd Willow Grove, PA 19090						\$251,474.81
Thomas Yoder 807 Dover St Cherry Hill, NJ 08002						\$2,571.43

Fill in this information to identify the case:

Debtor name **Soleply LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **1,876,555.00**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **1,876,555.00**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **900,116.16**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **27,180.91**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **1,090,350.53**

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ **2,017,647.60**

Fill in this information to identify the case:Debtor name **Soleply LLC**United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$2,500.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Chase Bank**Checking****8416****\$25,000.00****3.2. Chase Bank****Savings****2588****\$25,000.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$52,500.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Security Deposit - Christiana Mall**\$51,507.00**

Debtor Soleply LLC Case number (If known) _____
Name

7.2. Security Deposit - Providence Place Mall \$50,000.00

7.3. Security Deposit - SoNo Collection Mall \$25,000.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$126,507.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale <u>Sneakers and Clothing</u>	<u>03/02/2025</u>	<u>\$1,154,360.00</u>	<u>Comparable sale</u>	<u>\$1,617,548.00</u>

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$1,617,548.00

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☐ No
☒ Yes. Book value 25,000.00 Valuation method Resale Market Current Value 35,700.00

Debtor **Soleply LLC** Case number (If known) _____
Name

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?
- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Desks, Chairs, Shelving	\$6,170.39		\$3,000.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Computers, Printers, Scanners, Ipads, POS system	\$0.00		\$9,500.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$12,500.00

44. Is a depreciation schedule available for any of the property listed in Part 7?
- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?
- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2022 Mercedes Sprinter 2500; VIN 1721	\$66,233.35		\$35,000.00

Debtor Soleply LLC Case number (If known) _____
Name

47.2. 2021 Mercedes Sprinter 2500; VIN 2436 \$59,960.57 \$32,500.00

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$67,500.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

55.1. **6 Brinks Deposit Boxes - various locations**

Lease

\$0.00

\$0.00

55.2. **Space 1100 Christiana Mall, Newark, DE**

Lease

\$0.00

\$0.00

55.3. **Space 2050 - The SoNo Collection, Norwal, CT**

Lease

\$0.00

\$0.00

55.4. **Space 5435 - Providence Place Mall, Providence, RI**

\$0.00

\$0.00

Debtor **Soleply LLC** Case number (If known) _____
Name

55.5.	Space 0614 - Capital City Mall, Camp Hill, PA		\$0.00		\$0.00
55.6.	Space 1110 - Mall at Prince George's, Hyattsville, MD		\$0.00		\$0.00
55.7.	Space 2160 - Cherry Hill Mall, Cherry Hill, NJ		\$0.00		\$0.00
55.8.	Space 1355 - Plymouth Meeting Mall, Plymouth Meeting, PA		\$0.00		\$0.00
55.9.	Space 1007A King of Prussia Mall, King of Prussia, PA		\$0.00		\$0.00
55.10	Space N105 - Crossgates Mall, Albany, NY		\$0.00		\$0.00
55.11	Space C105 - Destiny USA Mall, Syracuse, NY		\$0.00		\$0.00

56. **Total of Part 9.** **\$0.00**
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**
☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Patent, trademark	Unknown		Unknown

Debtor Soleply LLC Case number (If known) _____
Name

61. **Internet domain names and websites**
Website Unknown Unknown

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**
Customer List Unknown Unknown

64. **Other intangibles, or intellectual property**

65. **Goodwill**
Goodwill Unknown Unknown

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **Soleply LLC** Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$52,500.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$126,507.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$1,617,548.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$12,500.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$67,500.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$1,876,555.00	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,876,555.00

Fill in this information to identify the case:

Debtor name **Soleply LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	First Corporate Solutions, Inc. <small>Creditor's Name</small> 914 S Street Sacramento, CA 95811 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 09/18/2024 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Receivables and proceeds thereof Describe the lien UCC Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$826,665.64	\$0.00

2.2	Mercedes-Benz Financial <small>Creditor's Name</small> P.O. Box 5209 Carol Stream, IL 60197 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien 2022 Mercedes Sprinter 2500; VIN 1721 Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$26,930.06	\$35,000.00
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Case number (if known)

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$32,500.00

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$900,116.16

Line **2.1**

Fill in this information to identify the case:

Debtor name **Soleply LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Alex Mercado 711 N. Warwick Road Magnolia, NJ 08049	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,978.02	\$1,978.02
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Alexander Vaca Cuellar 179 Orms St Providence, RI 02908	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$229.18	\$229.18
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Soleply LLC <small>Name</small>	Case number (if known)
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2.3	Priority creditor's name and mailing address Angelina Tavares 65 Apulia St East Providence, RI 02914	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$201.30	\$201.30
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Ariana Gonsalves 229 Pitman Street Attleboro, MA 02703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,648.35	\$1,648.35
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Ashley Guerrero 222 Saratoga Street Providence, RI 02905	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$105.30	\$105.30
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Assan Faye 83 Wainwright St Providence, RI 02908	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,219.78	\$1,219.78
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.7	Priority creditor's name and mailing address Austelino Rodrigues Jr 22 Lorrain St., Unit 3B Pawtucket, RI 02860	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$384.68	\$384.68
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.8	Priority creditor's name and mailing address David Toure 473 Pine St Providence, RI 02907	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$144.70	\$144.70
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9	Priority creditor's name and mailing address Dustin Billow 401 Silver Hill Road Cherry Hill, NJ 08002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,571.43	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10	Priority creditor's name and mailing address Dustin Desher 521 Arch Street Riverside, NJ 08075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,813.19	\$1,813.19
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Soleply LLC <small>Name</small>	Case number (if known) _____
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2.11	Priority creditor's name and mailing address Eddie Quinones 2033 S 8th Street Camden, NJ 08104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$364.42	\$364.42
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Emanuel Cruz 2121 Mount Ephraim Ave., C1 Camden, NJ 08104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$745.20	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Isael Guadarrama 205 W Flower St., Apt 3 Landisville, NJ 08326	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$494.30	\$494.30
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Ivanoskit Fernandez 13 Mystic Street Providence, RI 02905	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$430.69	\$430.69
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Soleply LLC Name	Case number (if known)
2.15	Priority creditor's name and mailing address Jada Polanco 33 Fairview Street Providence, RI 02908	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$265.45 \$265.45
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.16	Priority creditor's name and mailing address Jadian Vazquez 326 E Rockland St Philadelphia, PA 19120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$663.56 \$663.56
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.17	Priority creditor's name and mailing address Jalijah Upchurch 60 Duncan Ave Providence, RI 02906	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$247.15 \$247.15
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.18	Priority creditor's name and mailing address Joseph Monzo 514 Pomona Road Riverton, NJ 08077	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$1,401.10 \$1,401.10
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Soleply LLC Name	Case number (if known)
2.19	Priority creditor's name and mailing address Kadon Jones 1945 Park Blvd Camden, NJ 08103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<div style="display: flex; justify-content: space-between;"> \$87.83 \$87.83 </div>
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.20	Priority creditor's name and mailing address Kevin Rodea Garcia 54 W Rambo St Bridgeport, PA 19405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<div style="display: flex; justify-content: space-between;"> \$354.30 \$354.30 </div>
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.21	Priority creditor's name and mailing address Michael Kusman 228 Camerton Lane Townsend, DE 19734	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<div style="display: flex; justify-content: space-between;"> \$3,131.86 \$3,131.86 </div>
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.22	Priority creditor's name and mailing address Leonty Danzie 430 Pine Street, Apt 1A Providence, RI 02907	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		<div style="display: flex; justify-content: space-between;"> \$1,648.35 \$1,648.35 </div>
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Soleply LLC <small>Name</small>	Case number (if known)
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2.23	Priority creditor's name and mailing address Lisleny Urena 7123 Rudderow Ave Merchantville, NJ 08109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,113.25	\$1,113.25
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Marlo Jackson 143 Central Street Central Falls, RI 02863	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$487.63	\$487.63
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Michael Kennedy 439 Carter Ave Pawtucket, RI 02861	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.55	\$154.55
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Najere Walker 31 Monroe Path Maple Shade, NJ 08052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$475.09	\$475.09
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Soleply LLC <small>Name</small>	Case number (if known)
2.27	Priority creditor's name and mailing address Nathaniel Yasay 32 Gardenia Drive Maple Shade, NJ 08052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between; width: 100%;"> \$1,401.10 \$1,401.10 </div>
2.28	Priority creditor's name and mailing address Thomas Yoder 807 Dover St Cherry Hill, NJ 08002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between; width: 100%;"> \$2,571.43 \$2,571.43 </div>
2.29	Priority creditor's name and mailing address Yasira Paulino 291 California Avenue Providence, RI 02905	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between; width: 100%;"> \$334.63 \$334.63 </div>
2.30	Priority creditor's name and mailing address Zevon Rodney 100 E Main St Marlton, NJ 08053	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim:
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between; width: 100%;"> \$513.09 \$513.09 </div>

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	Soleply LLC Name _____	Case number (if known) _____
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3.1	Nonpriority creditor's name and mailing address American Express 28 Lilbert Street New York, NY 10005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,891.12
<hr/>			
3.2	Nonpriority creditor's name and mailing address Chase Bank 700 Kansas Lane Monroe, LA 71203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86,238.96
<hr/>			
3.3	Nonpriority creditor's name and mailing address Courtstyles LLC Box 351 2820 Audubon Village Dr Norristown, PA 19403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,313.00
<hr/>			
3.4	Nonpriority creditor's name and mailing address DG Sneakz LLC 725 County Line Rd., Unit D Huntingdon Valley, PA 19006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$288,668.00
<hr/>			
3.5	Nonpriority creditor's name and mailing address Kajie Li 230 People Way Hockessin, DE 19707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$320,874.64
<hr/>			
3.6	Nonpriority creditor's name and mailing address Luxury Emporium 1715 Oak Street, Suite 1 Lakewood, NJ 08701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,865.00
<hr/>			
3.7	Nonpriority creditor's name and mailing address Marcum LLP 1601 Market Street 4th Floor Philadelphia, PA 19103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,025.00

Debtor **Soleply LLC** Case number (if known) _____
Name

<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.8</div> <p>Nonpriority creditor's name and mailing address</p> <p>Nevis Truitt 12 Gilpin Rd Willow Grove, PA 19090</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$251,474.81</p>
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
--------------------------	---	---

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
 5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 27,180.91
5b. +	\$ 1,090,350.53
5c.	\$ 1,117,531.44

Fill in this information to identify the case:

Debtor name **Soleply LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **6 Brinks Deposit Boxes - various locations**

State the term remaining **36 Months Per Box**

List the contract number of any government contract _____

**Brinks US
PO Box 619031
Dallas, TX 75261**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Space 1100 Christiana Mall**

State the term remaining **38 Months**

List the contract number of any government contract _____

**Brookfield Place
250 Vesey Street, 15th Floor
New York, NY 10281**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Space 2050 The SoNo Collection**

State the term remaining **36 Months**

List the contract number of any government contract _____

**Brookfield Place
250 Vesey Street, 15th Floor
New York, NY 10281**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Space 5435 Providence Place Mall**

State the term remaining **37 Months**

List the contract number of any government contract _____

**Centennial
8750 N. Central Expressway, Suite 1740
Dallas, TX 75231**

Debtor 1 **Soleply LLC**

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Space 0614 Capital City Mall**

State the term remaining **3 Months**

List the contract number of any government contract

**PREIT
2005 Market Street, Suite 1120
Philadelphia, PA 19103**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Space 1110 Mall at Prince George's**

State the term remaining **45 Months**

List the contract number of any government contract

**PREIT
2005 Market Street, Suite 1120
Philadelphia, PA 19103**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Space 2160 Cherry Hill Mall**

State the term remaining **76 Months**

List the contract number of any government contract

**PREIT
2005 Market Street, Suite 1120
Philadelphia, PA 19103**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Space 1355 Plymouth Meeting Mall**

State the term remaining **6 Months**

List the contract number of any government contract

**PREIT
2005 Market Street, Suite 1120
Philadelphia, PA 19103**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Space 1007A King of Prussia Mall**

State the term remaining **60 Months**

List the contract number of any government contract

**Simon Property Group
225 West Washington Street
Indianapolis, IN 46204**

Debtor 1 **Soleply LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest **Space N105 Crossgates Mall**

State the term remaining **60 months**

List the contract number of any government contract

**The Pyramid Companies
4 Clinton Square
Syracuse, NY 13202**

2.11. State what the contract or lease is for and the nature of the debtor's interest **Space C105 Destiny USA Mall**

State the term remaining **60 months**

List the contract number of any government contract

**The Pyramid Companies
4 Clinton Square
Syracuse, NY 13202**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Internet service - 4 locations**

State the term remaining **2 years per location**

List the contract number of any government contract

**Verizon
180 Washington Valley Road
Bedminster, NJ 07921**

Fill in this information to identify the case:

Debtor name **Soleply LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Dustin Billow**

**401 Silver Hill Rd
Cherry Hill, NJ 08002**

**First Corporate
Solutions, Inc.**

☒ D **2.1**
☐ E/F _____
☐ G _____

2.2 **Thomas Yoder**

**807 Dover St
Cherry Hill, NJ 08002**

**First Corporate
Solutions, Inc.**

☒ D **2.1**
☐ E/F _____
☐ G _____

Fill in this information to identify the case:

Debtor name Soleply LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From 1/01/2025 to **Filing Date**

Sources of revenue

Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue

(before deductions and exclusions)

\$765,000.00

For prior year:

From 1/01/2024 to 12/31/2024

☒ Operating a business

☐ Other _____

\$8,842,288.46

For year before that:

From 1/01/2023 to 12/31/2023

☒ Operating a business

☐ Other _____

\$10,371,358.45

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from

each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer

Check all that apply

Debtor **Soleply LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. SEE ATTACHMENT		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. SEE ATTACHMENT		\$0.00	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

Debtor **Soleply LLC**

Case number (if known) _____

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
--	--	---------------	------------------------

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Gellert Seitz Busenkell & Brown LLC 1201 N. Orange Street Suite 300 Wilmington, DE 19801		12/10/24	\$5,000.00
Email or website address www.gsbbblaw.com			
Who made the payment, if not debtor?			
11.2. Gellert Seitz Busenkell & Brown LLC 1201 N. Orange Street Suite 300 Wilmington, DE 19801		03/17/25	\$25,000.00
Email or website address www.gsbbblaw.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Debtor **Soleply LLC**

Case number (if known) _____

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
 - diagnosing or treating injury, deformity, or disease, or
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
☒ Yes. State the nature of the information collected and retained.

Name, Email, Phone, Address, Transaction History

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?

- ☐ No Go to Part 10.
☒ Yes. Fill in below:

Name of plan

Paychex 401k

Employer identification number of the plan

EIN: **85-3898824**

Has the plan been terminated?

- ☒ No
☐ Yes

Debtor **Soleply LLC**

Case number (if known) _____

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Chase Bank 700 Kansas Lane Monroe, LA 71203	XXXX-0635	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other ____	01/09/2025	\$113,468.16

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Debtor **Soleply LLC**

Case number (if known) _____

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed EIN: From-To
25.1. Sustainable Luxury Goods LLC 807 Dover St Cherry Hill, NJ 08002	LLC created to open luxury goods resale store. Store was never opened. LLC was closed within a few months		
25.2. Soleply Vintage 807 Dover St Cherry Hill, NJ 08002	Created LLC to open a vintage store. Not store was opened. LLC is now closed.	EIN: From-To	

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Jenne Bourgeois 5117 Asbury Ave Ocean City, NJ 08226	01/19/2024 - 02/24/2025
26a.2. Marcum LLP 601 NJ-73, Space #400 Marlton, NJ 08053	03/01/2023 - 01/01/2024

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

Debtor **Soleply LLC**

Case number (if known) _____

☐ None

Name and address	Date of service From-To
26b.1. Marcum LLP 601 NJ-73, Space #400 Marlton, NJ 08053	03/01/2023 - 01/01/2024

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
------------------	---

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1 Thomas Yoder	03/02/2025	\$1,617,548.00

Name and address of the person who has possession of inventory records

Thomas Yoder
807 Dover St
Cherry Hill, NJ 08002

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Dustin Billow	401 Silver Hill Rd Cherry Hill, NJ 08002	Owner	51%
Name	Address	Position and nature of any interest	% of interest, if any
Thomas Yoder	807 Dover St Cherry Hill, NJ 08002	Owner	49%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses,

Debtor **Soleply LLC**

Case number (if known)

loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Dustin Billow 401 Silver Hill Rd Cherry Hill, NJ 08002	\$78,000.00		Salary
	Relationship to debtor Owner			
30.2	Thomas Yoder 807 Dorver St Cherry Hill, NJ 08002	\$78,000		Salary
	Relationship to debtor Owner			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

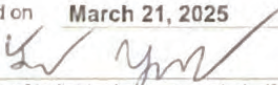
Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 21, 2025**


Signature of individual signing on behalf of the debtor

Thomas Yoder
Printed name

Position or relationship to debtor **Chief Operating Officer**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

United States Bankruptcy Court
District of New Jersey

In re Soleply LLC

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
--	----------------	----------------------	------------------

-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Chief Operating Officer** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date March 21, 2025

Signature


Thomas Yoder

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
District of New Jersey**

In re **Soleply LLC**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Soleply LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

March 21, 2025

Date

/s/ Ronald S. Gellert

Ronald S. Gellert

Signature of Attorney or Litigant

Counsel for **Soleply LLC**

Gellert Seitz Busenkell & Brown, LLC

1201 N. Orange Street

Suite 300

Wilmington, DE 19801

(302) 425-5806

rgellert@gsbblaw.com

United States Bankruptcy Court
District of New Jersey

In re Soleply LLC

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Chief Operating Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: March 21, 2025



Thomas Yoder/Chief Operating Officer
Signer/Title

Alex Mercado
711 N. Warwick Road
Magnolia, NJ 08049

Alexander Vaca Cuellar
179 Orms St
Providence, RI 02908

American Express
28 Lilberty Street
New York, NY 10005

Angelina Tavares
65 Apulia St
East Providence, RI 02914

Ariana Gonsalves
229 Pitman Street
Attleboro, MA 02703

Ashley Guerrero
222 Saratoga Street
Providence, RI 02905

Assan Faye
83 Wainwright St
Providence, RI 02908

Austelino Rodrigues Jr
22 Lorrain St., Unit 3B
Pawtucket, RI 02860

Brinks US
PO Box 619031
Dallas, TX 75261

Brookfield Place
250 Vesey Street, 15th Floor
New York, NY 10281

Centennial
8750 N. Central Expressway, Suite 1740
Dallas, TX 75231

Chase Bank
700 Kansas Lane
Monroe, LA 71203

Courtstyles LLC
Box 351
2820 Audubon Village Dr
Norristown, PA 19403

David Toure
473 Pine St
Providence, RI 02907

DG Sneakz LLC
725 County Line Rd., Unit D
Huntingdon Valley, PA 19006

Dustin Billow
401 Silver Hill Road
Cherry Hill, NJ 08002

Dustin Billow
401 Silver Hill Rd
Cherry Hill, NJ 08002

Dustin Desher
521 Arch Street
Riverside, NJ 08075

Eddie Quinones
2033 S 8th Street
Camden, NJ 08104

Emanuel Cruz
2121 Mount Ephraim Ave., C1
Camden, NJ 08104

First Corporate Solutions, Inc.
914 S Street
Sacramento, CA 95811

Fundomate Technologies, Inc.
300 Continental Blvd., Suite 410
El Segundo, CA 90245

Isael Guadarrama
205 W Flower St., Apt 3
Landisville, NJ 08326

Ivanoskit Fernandez
13 Mystic Street
Providence, RI 02905

Jada Polanco
33 Fairview Street
Providence, RI 02908

Jadian Vazquez
326 E Rockland St
Philadelphia, PA 19120

Jalijah Upchurch
60 Duncan Ave
Providence, RI 02906

Joseph Monzo
514 Pomona Road
Riverton, NJ 08077

Kadon Jones
1945 Park Blvd
Camden, NJ 08103

Kajie Li
230 People Way
Hockessin, DE 19707

Kevin Rodea Garcia
54 W Rambo St
Bridgeport, PA 19405

Kichael Kusman
228 Camerton Lane
Townsend, DE 19734

Leonty Danzie
430 Pine Street, Apt 1A
Providence, RI 02907

Lisleny Urena
7123 Rudderow Ave
Merchantville, NJ 08109

Luxury Emporium
1715 Oak Street, Suite 1
Lakewood, NJ 08701

Marcum LLP
1601 Market Street 4th Floor
Philadelphia, PA 19103

Marlo Jackson
143 Central Street
Central Falls, RI 02863

Mercedes-Benz Financial
P.O. Box 5209
Carol Stream, IL 60197

Michael Kennedy
439 Carter Ave
Pawtucket, RI 02861

Najere Walker
31 Monroe Path
Maple Shade, NJ 08052

Nathaniel Yasay
32 Gardenia Drive
Maple Shade, NJ 08052

Nevis Truitt
12 Gilpin Rd
Willow Grove, PA 19090

PREIT
2005 Market Street, Suite 1120
Philadelphia, PA 19103

Simon Property Group
225 West Washington Street
Indianapolis, IN 46204

The Pyramid Companies
4 Clinton Square
Syracuse, NY 13202

Thomas Yoder
807 Dover St
Cherry Hill, NJ 08002

Thomas Yoder
807 Dover St
Cherry Hill, NJ 08002

Verizon
180 Washington Valley Road
Bedminster, NJ 07921

Yasira Paulino
291 California Avenue
Providence, RI 02905

Zevon Rodney
100 E Main St
Marlton, NJ 08053

**ACTION BY WRITTEN CONSENT
OF THE MEMBER OF
SOLEPLY LLC**

March 19, 2025

The undersigned, the managing member (the “**Member**”) of Soleply LLC, a New Jersey limited liability company (the “**Company**”), acting by written consent, does hereby consent and agree to the adoption of the resolutions set forth below taking or authorizing the actions specified therein with the same force and effect as if such resolutions were approved and adopted at a duly constituted meeting of the members of the Company.

WHEREAS, the Member has determined that the while the Company is balance sheet solvent, the Company is currently illiquid and unable to meet its obligations as they become due in the usual course of business;

WHEREAS, various creditors have threatened to prosecute their claims against the Company; and

WHEREAS, the Member has determined that it would be in the best interests of the Company for the Company to file a voluntary petition under chapter 11 Title 11 of the United States Code (the “**Bankruptcy Code**”).

NOW THEREFORE, LET IT BE RESOLVED, that the Company file as soon as practicable a Chapter 11 bankruptcy petition in accordance with the Bankruptcy Code.

RESOLVED FURTHER, that Thomas Yoder, (the “**Authorized Person**”), hereby is, authorized, empowered and directed to execute, deliver and file the voluntary petition of Soleply LLC, under chapter 11 of title 11 of the United States Code in the name of and on behalf of the Company.

RESOLVED FURTHER, that the Company shall employ, subject to any requisite bankruptcy court approval, the law firm of Gellert Seitz Busenkell and Brown, LLC as general bankruptcy counsel to represent and assist the Company in carrying out its duties under the Bankruptcy Code, and to take any and all actions to advance the Company’s rights and obligations, including filing any pleadings; and in connection therewith, the Authorized Person is hereby authorized and directed to cause to be filed an appropriate application for authority to retain the services of Gellert Seitz Busenkell & Brown, LLC;

RESOLVED FURTHER, that the Company shall employ, subject to any requisite bankruptcy court approval, such other professionals and persons as the Authorized Person determines are necessary in order to conduct the Chapter 11 Case while subject to the jurisdiction of the Bankruptcy Court;

RESOLVED FURTHER, that the Authorized Person is hereby authorized, empowered and directed to execute and deliver any other instrument, certificate, document or other agreement to be delivered in connection with the Amendment in the name and on behalf of the Company, and

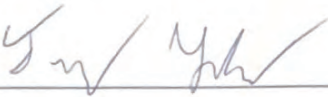
Company, and to take all such actions as the Authorized Person deems necessary or advisable in connection therewith, including but not limited to the sale of the real property of the Company.

RESOLVED FURTHER, that the execution by the Authorized Person of any document authorized by the foregoing resolutions, or any document executed by the Authorized Person in the accomplishment of any action or actions so authorized, is the enforceable and binding act and obligation of the Company.

This Action by Written Consent of the Member may be delivered via facsimile or electronic mail with the intention that it shall have the same force and effect as the original executed counterpart thereof.

IN WITNESS WHEREOF, the undersigned has duly executed this Action by Written Consent of the Member as of the date first above written.

SOLEPLY LLC,



[illegible]

Expanded Capital Account Summary

Name **SOLEPLY** I.D. Number **85-3898824**

Partner Number <u>1</u>	DUSTIN BILLOW 401 SILVER HILL ROAD CHERRY HILL, NJ 08002	Partner's Identification Number 141-06-2803
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Beginning Capital <u>618,243.</u>	Capital Contributed <u>194,804.</u>	Schedule M-2, Lines 3, 4 & 7 <u>-270,541.</u>	Withdrawals <u>72,445.</u>	Ending Capital <u>470,061.</u>
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Partner Number <u>2</u>	THOMAS YODER, JR 807 DOVER STREET CHERRY HILL, NJ 08002	Partner's Identification Number 135-08-9460
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Beginning Capital <u>593,999.</u>	Capital Contributed <u>191,785.</u>	Schedule M-2, Lines 3, 4 & 7 <u>-259,931.</u>	Withdrawals <u>49,723.</u>	Ending Capital <u>476,130.</u>
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Partner Number <u></u>		Partner's Identification Number <u></u>
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Beginning Capital <u></u>	Capital Contributed <u></u>	Schedule M-2, Lines 3, 4 & 7 <u></u>	Withdrawals <u></u>	Ending Capital <u></u>
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Partner Number <u></u>		Partner's Identification Number <u></u>
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Beginning Capital <u></u>	Capital Contributed <u></u>	Schedule M-2, Lines 3, 4 & 7 <u></u>	Withdrawals <u></u>	Ending Capital <u></u>
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Total For All Partner's Capital Accounts

Beginning Capital <u>1,212,242.</u>	Capital Contributed <u>386,589.</u>	Schedule M-2, Lines 3, 4 & 7 <u>-530,472.</u>	Withdrawals <u>122,168.</u>	Ending Capital <u>946,191.</u>
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CONNECTICUT	Property Apportionment Detail Worksheet	2023
SOLEPLY		85-3898824

	Within		Everywhere	
	Beginning of Year	End of Year	Beginning of Year	End of Year
Inventories	148,246.	170,033.	1,798,013.	2,062,261.
Land				
Buildings				
Buildings - accumulated depreciation				
Machinery				
Equipment				
Machinery and equipment - accumulated depreciation				
Furniture and fixtures	15,203.	44,406.	64,308.	187,839.
Furniture and fixtures - accumulated depreciation				
Transportation/delivery equipment	0.	0.	24,032.	253,513.
Transportation/delivery equipment - accumulated depreciation				
Other depreciable assets				
Other depreciable assets - accumulated depreciation				
Depletable assets				
Depletable assets - accumulated depletion				
Leasehold improvements	0.	122,746.	0.	670,214.
Leasehold improvements - accumulated amortization				
Supplies				
Other tangible property				
Buildings - construction in progress				
Machinery - construction in progress				
Equipment - construction in progress				
Transportation/delivery - construction in progress				
Other - construction in progress				
Less: Total construction in progress				
Miscellaneous other				
Subtotals	163,449.	337,185.	1,886,353.	3,173,827.
Average property		250,317.		2,530,090.
Real property rented - rental expense (multiplied by applicable factor)		1,348,016.		8,562,672.
Tangible property rented - rental expense (multiplied by applicable factor)				
Miscellaneous rental expense (multiplied by applicable factor)				
Total property		1,598,333.		11,092,762.

* - Not Applicable

DELAWARE
SOLEPLY

Property Apportionment Detail Worksheet

2023

85-3898824

	Within		Everywhere	
	Beginning of Year	End of Year	Beginning of Year	End of Year
Inventories	126,017.	144,537.	1,798,013.	2,062,261.
Land				
Buildings				
Buildings - accumulated depreciation				
Machinery				
Equipment				
Machinery and equipment - accumulated depreciation				
Furniture and fixtures	5,667.	16,554.	64,308.	187,839.
Furniture and fixtures - accumulated depreciation				
Transportation/delivery equipment	0.	0.	24,032.	253,513.
Transportation/delivery equipment - accumulated depreciation				
Other depreciable assets				
Other depreciable assets - accumulated depreciation				
Depletable assets				
Depletable assets - accumulated depletion				
Leasehold improvements	0.	128,107.	0.	670,214.
Leasehold improvements - accumulated amortization				
Supplies				
Other tangible property				
Buildings - construction in progress				
Machinery - construction in progress				
Equipment - construction in progress				
Transportation/delivery - construction in progress				
Other - construction in progress				
Less: Total construction in progress				
Miscellaneous other				
Subtotals	131,684.	289,198.	1,886,353.	3,173,827.
Average property		210,441.		2,530,090.
Real property rented - rental expense (multiplied by applicable factor)		1,888,104.		8,562,672.
Tangible property rented - rental expense (multiplied by applicable factor)				
Miscellaneous rental expense (multiplied by applicable factor)				
Total property		2,098,545.		11,092,762.

* - Not Applicable

MARYLAND
SOLEPLY

Property Apportionment Detail Worksheet

2023

85-3898824

	Within		Everywhere	
	Beginning of Year	End of Year	Beginning of Year	End of Year
Inventories	28,098.	32,228.	1,798,013.	2,062,261.
Land				
Buildings				
Buildings - accumulated depreciation				
Machinery				
Equipment				
Machinery and equipment - accumulated depreciation				
Furniture and fixtures	0.	0.	64,308.	187,839.
Furniture and fixtures - accumulated depreciation				
Transportation/delivery equipment	0.	0.	24,032.	253,513.
Transportation/delivery equipment - accumulated depreciation				
Other depreciable assets				
Other depreciable assets - accumulated depreciation				
Depletable assets				
Depletable assets - accumulated depletion				
Leasehold improvements	0.	260,002.	0.	670,214.
Leasehold improvements - accumulated amortization				
Supplies				
Other tangible property				
Buildings - construction in progress				
Machinery - construction in progress				
Equipment - construction in progress				
Transportation/delivery - construction in progress				
Other - construction in progress				
Less: Total construction in progress				
Miscellaneous other				
Subtotals	28,098.	292,230.	1,886,353.	3,173,827.
Average property		160,164.		2,530,090.
Real property rented - rental expense (multiplied by applicable factor)		0.		8,562,672.
Tangible property rented - rental expense (multiplied by applicable factor)				
Miscellaneous rental expense (multiplied by applicable factor)				
Total property		160,164.		11,092,762.

* - Not Applicable

NEW JERSEY	Property Apportionment Detail Worksheet	2023
SOLEPLY		85-3898824

	Within		Everywhere	
	Beginning of Year	End of Year	Beginning of Year	End of Year
Inventories	826,024.	947,423.	1,798,013.	2,062,261.
Land				
Buildings				
Buildings - accumulated depreciation				
Machinery				
Equipment				
Machinery and equipment - accumulated depreciation				
Furniture and fixtures	25,277.	73,831.	64,308.	187,839.
Furniture and fixtures - accumulated depreciation				
Transportation/delivery equipment	24,032.	253,513.	24,032.	253,513.
Transportation/delivery equipment - accumulated depreciation				
Other depreciable assets				
Other depreciable assets - accumulated depreciation				
Depletable assets				
Depletable assets - accumulated depletion				
Leasehold improvements	0.	5,940.	0.	670,214.
Leasehold improvements - accumulated amortization				
Supplies				
Other tangible property				
Buildings - construction in progress				
Machinery - construction in progress				
Equipment - construction in progress				
Transportation/delivery - construction in progress				
Other - construction in progress				
Less: Total construction in progress				
Miscellaneous other				
Subtotals	875,333.	1,280,707.	1,886,353.	3,173,827.
Average property		1,078,020.		2,530,090.
Real property rented - rental expense (multiplied by applicable factor)		1,938,872.		8,562,672.
Tangible property rented - rental expense (multiplied by applicable factor)				
Miscellaneous rental expense (multiplied by applicable factor)				
Total property		3,016,892.		11,092,762.

* - Not Applicable

PENNSYLVANIA
SOLEPLY

Property Apportionment Detail Worksheet

2023

85-3898824

	Within		Everywhere	
	Beginning of Year	End of Year	Beginning of Year	End of Year
Inventories	314,483.	360,701.	1,798,013.	2,062,261.
Land				
Buildings				
Buildings - accumulated depreciation				
Machinery				
Equipment				
Machinery and equipment - accumulated depreciation				
Furniture and fixtures	0.	0.	64,308.	187,839.
Furniture and fixtures - accumulated depreciation				
Transportation/delivery equipment	0.	0.	24,032.	253,513.
Transportation/delivery equipment - accumulated depreciation				
Other depreciable assets				
Other depreciable assets - accumulated depreciation				
Depletable assets				
Depletable assets - accumulated depletion				
Leasehold improvements	0.	0.	0.	670,214.
Leasehold improvements - accumulated amortization				
Supplies				
Other tangible property				
Buildings - construction in progress				
Machinery - construction in progress				
Equipment - construction in progress				
Transportation/delivery - construction in progress				
Other - construction in progress				
Less: Total construction in progress				
Miscellaneous other				
Subtotals	314,483.	360,701.	1,886,353.	3,173,827.
Average property		337,592.		2,530,090.
Real property rented - rental expense (multiplied by applicable factor)		1,254,136.		8,562,672.
Tangible property rented - rental expense (multiplied by applicable factor)				
Miscellaneous rental expense (multiplied by applicable factor)				
Total property		1,591,728.		11,092,762.

* - Not Applicable

RHODE ISLAND	Property Apportionment Detail Worksheet	2023
SOLEPLY		85-3898824

	Within		Everywhere	
	Beginning of Year	End of Year	Beginning of Year	End of Year
Inventories	355,145.	407,339.	1,798,013.	2,062,261.
Land				
Buildings				
Buildings - accumulated depreciation				
Machinery				
Equipment				
Machinery and equipment - accumulated depreciation				
Furniture and fixtures	18,161.	53,048.	64,308.	187,839.
Furniture and fixtures - accumulated depreciation				
Transportation/delivery equipment	0.	0.	24,032.	253,513.
Transportation/delivery equipment - accumulated depreciation				
Other depreciable assets				
Other depreciable assets - accumulated depreciation				
Depletable assets				
Depletable assets - accumulated depletion				
Leasehold improvements	0.	153,419.	0.	670,214.
Leasehold improvements - accumulated amortization				
Supplies				
Other tangible property				
Buildings - construction in progress				
Machinery - construction in progress				
Equipment - construction in progress				
Transportation/delivery - construction in progress				
Other - construction in progress				
Less: Total construction in progress				
Miscellaneous other				
Subtotals	373,306.	613,806.	1,886,353.	3,173,827.
Average property		493,556.		2,530,090.
Real property rented - rental expense (multiplied by applicable factor)		2,133,544.		8,562,672.
Tangible property rented - rental expense (multiplied by applicable factor)				
Miscellaneous rental expense (multiplied by applicable factor)				
Total property		2,627,100.		11,092,762.

* - Not Applicable

CONNECTICUT SOLEPLY	Payroll and Sales Apportionment Detail Worksheet	2023 85-3898824
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Payroll Apportionment

	Within	Everywhere
Cost of goods sold		
Cost of operations		
Compensation of officers		
Salesmen's salaries		
Salesmen's commissions		
General and administrative wages and salaries	116,875.	1,756,662.
Repairs		
Others		
Miscellaneous other		
Total payroll	116,875.	1,756,662.

Sales Apportionment

	Within	Everywhere
Sales of tangible personal property		11,052,382.
- Returns and allowances		
Sales from outside the state to within the state	911,264.	
Sales from within the state to within the state	0.	
Sales from within the state to U.S. government		
Sales from within the state to nontaxable jurisdictions		
Interest		
Dividends		
Rents		
Royalties		
Gain from sales of real and tangible personal property		
Gain from sales of intangibles		
Service income		
Other receipts		
Miscellaneous other		
Total sales	911,264.	11,052,382.

* - Not Applicable

DELAWARE	Payroll and Sales Apportionment Detail Worksheet	2023
SOLEPLY		85-3898824

Payroll Apportionment

	Within	Everywhere
Cost of goods sold		
Cost of operations		
Compensation of officers		
Salesmen's salaries		
Salesmen's commissions		
General and administrative wages and salaries	97,900.	1,756,662.
Repairs		
Others		
Miscellaneous other		
Total payroll	97,900.	1,756,662.

Sales Apportionment

	Within	Everywhere
Sales of tangible personal property		11,052,382.
- Returns and allowances		
Sales from outside the state to within the state	774,623.	
Sales from within the state to within the state	0.	
Sales from within the state to U.S. government		
Sales from within the state to nontaxable jurisdictions		
Interest		
Dividends		
Rents		
Royalties		
Gain from sales of real and tangible personal property		
Gain from sales of intangibles		
Service income		
Other receipts		
Miscellaneous other		
Total sales	774,623.	11,052,382.

* - Not Applicable

MARYLAND SOLEPLY	Payroll and Sales Apportionment Detail Worksheet	2023 85-3898824
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Payroll Apportionment

	Within	Everywhere
Cost of goods sold		
Cost of operations		
Compensation of officers		
Salesmen's salaries		
Salesmen's commissions		
General and administrative wages and salaries	14,804.	1,756,662.
Repairs		
Others		
Miscellaneous other		
Total payroll	14,804.	1,756,662.

Sales Apportionment

	Within	Everywhere
Sales of tangible personal property		11,052,382.
- Returns and allowances		
Sales from outside the state to within the state	172,719.	
Sales from within the state to within the state	0.	
Sales from within the state to U.S. government		
Sales from within the state to nontaxable jurisdictions		
Interest		
Dividends		
Rents		
Royalties		
Gain from sales of real and tangible personal property		
Gain from sales of intangibles		
Service income		
Other receipts		
Miscellaneous other		
Total sales	172,719.	11,052,382.

* - Not Applicable

NEW JERSEY	Payroll and Sales Apportionment Detail Worksheet	2023
SOLEPLY		85-3898824

Payroll Apportionment

	Within	Everywhere
Cost of goods sold		
Cost of operations		
Compensation of officers		
Salesmen's salaries		
Salesmen's commissions		
General and administrative wages and salaries	1,096,327.	1,756,662.
Repairs		
Others		
Miscellaneous other		
Total payroll	1,096,327.	1,756,662.

Sales Apportionment

	Within	Everywhere
Sales of tangible personal property		11,052,382.
- Returns and allowances		
Sales from outside the state to within the state	5,077,576.	
Sales from within the state to within the state	0.	
Sales from within the state to U.S. government		
Sales from within the state to nontaxable jurisdictions		
Interest		
Dividends		
Rents		
Royalties		
Gain from sales of real and tangible personal property		
Gain from sales of intangibles		
Service income		
Other receipts		
Miscellaneous other		
Total sales	5,077,576.	11,052,382.

* - Not Applicable

PENNSYLVANIA SOLEPLY	Payroll and Sales Apportionment Detail Worksheet	2023 85-3898824
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Payroll Apportionment

	Within	Everywhere
Cost of goods sold		
Cost of operations		
Compensation of officers		
Salesmen's salaries		
Salesmen's commissions		
General and administrative wages and salaries	274,298.	1,756,662.
Repairs		
Others		
Miscellaneous other		
Total payroll	274,298.	1,756,662.

Sales Apportionment

	Within	Everywhere
Sales of tangible personal property		11,052,382.
- Returns and allowances		
Sales from outside the state to within the state	1,933,125.	
Sales from within the state to within the state	0.	
Sales from within the state to U.S. government		
Sales from within the state to nontaxable jurisdictions		
Interest		
Dividends		
Rents		
Royalties		
Gain from sales of real and tangible personal property		
Gain from sales of intangibles		
Service income		
Other receipts		
Miscellaneous other		
Total sales	1,933,125.	11,052,382.

* - Not Applicable

RHODE ISLAND	Payroll and Sales Apportionment Detail Worksheet	2023
SOLEPLY		85-3898824

Payroll Apportionment

	Within	Everywhere
Cost of goods sold		
Cost of operations		
Compensation of officers		
Salesmen's salaries		
Salesmen's commissions		
General and administrative wages and salaries	156,458.	1,756,662.
Repairs		
Others		
Miscellaneous other		
Total payroll	156,458.	1,756,662.

Sales Apportionment

	Within	Everywhere
Sales of tangible personal property		11,052,382.
- Returns and allowances		
Sales from outside the state to within the state	2,183,075.	
Sales from within the state to within the state	0.	
Sales from within the state to U.S. government		
Sales from within the state to nontaxable jurisdictions		
Interest		
Dividends		
Rents		
Royalties		
Gain from sales of real and tangible personal property		
Gain from sales of intangibles		
Service income		
Other receipts		
Miscellaneous other		
Total sales	2,183,075.	11,052,382.

* - Not Applicable

PROPERTY FACTOR	Apportionment Summary Worksheet			2023
SOLEPLY				85-3898824
	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
Alabama				
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware	2,098,545.	11,092,762.	.189181	.189181
District of Columbia				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland	160,164.	11,092,763.	.014439	.014439
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania	1,591,728.	11,092,763.	.143492	.143492
Rhode Island	2,747,355.	11,482,990.	.239254	.239254
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total 310731 04-01-23	N/A	N/A	N/A	.586366

PROPERTY FACTOR	Apportionment Summary Worksheet (Continued)	2023
SOLEPLY		85-3898824

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
* Albion				
* Battle Creek				
* Benton Harbor				
* Big Rapids				
* Detroit				
* East Lansing				
* Flint				
* Grand Rapids				
* Grayling				
* Hamtramck				
* Highland Park				
* Hudson				
* Ionia				
* Jackson				
* Lansing				
* Lapeer				
* Muskegon				
* Muskegon Heights				
* Pontiac				
* Port Huron				
* Portland				
* Saginaw				
* Springfield				
* Walker				
* New York City				
* New York- MCTD1				
* New York- MCTD2 (1065 only)				

* Not included in everywhere totals

PAYROLL FACTOR		Apportionment Summary Worksheet			2023
SOLEPLY					85-3898824
		WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
Alabama					
Alaska					
Arizona					
Arkansas					
California					
Colorado					
Connecticut					
Delaware		97,900.	1,756,662.	.055731	.055731
District of Columbia					
Florida					
Georgia					
Hawaii					
Idaho					
Illinois					
Indiana					
Iowa					
Kansas					
Kentucky					
Louisiana					
Maine					
Maryland		14,804.	1,756,662.	.008427	.008427
Massachusetts					
Michigan					
Minnesota					
Mississippi					
Missouri					
Montana					
Nebraska					
Nevada					
New Hampshire					
New Jersey					
New Mexico					
New York					
North Carolina					
North Dakota					
Ohio					
Oklahoma					
Oregon					
Pennsylvania		274,298.	1,756,662.	.156147	.156147
Rhode Island		156,458.	1,756,662.	.089066	.089066
South Carolina					
South Dakota					
Tennessee					
Texas					
Utah					
Vermont					
Virginia					
Washington					
West Virginia					
Wisconsin					
Wyoming					
Foreign					
Other					
Total		N/A	N/A	N/A	.309371

310731
04-01-23

	Apportionment Summary Worksheet (Continued)	2023
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SOLEPLY

85-3898824

PAYROLL FACTOR

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
* Albion				
* Battle Creek				
* Benton Harbor				
* Big Rapids				
* Detroit				
* East Lansing				
* Flint				
* Grand Rapids				
* Grayling				
* Hamtramck				
* Highland Park				
* Hudson				
* Ionia				
* Jackson				
* Lansing				
* Lapeer				
* Muskegon				
* Muskegon Heights				
* Pontiac				
* Port Huron				
* Portland				
* Saginaw				
* Springfield				
* Walker				
* New York City				
* New York- MCTD1				
* New York- MCTD2 (1065 only)				

* Not included in everywhere totals

SALES FACTOR SOLEPLY	Apportionment Summary Worksheet				2023
	85-3898824				
	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED	
Alabama					
Alaska					
Arizona					
Arkansas					
California					
Colorado					
Connecticut	911,264.	11,052,382.	.082450	.082450	
Delaware	774,623.	11,052,382.	.070087	.070087	
District of Columbia					
Florida					
Georgia					
Hawaii					
Idaho					
Illinois					
Indiana					
Iowa					
Kansas					
Kentucky					
Louisiana					
Maine					
Maryland	172,719.	11,052,382.	.015627	.015627	
Massachusetts					
Michigan					
Minnesota					
Mississippi					
Missouri					
Montana					
Nebraska					
Nevada					
New Hampshire					
New Jersey					
New Mexico					
New York					
North Carolina					
North Dakota					
Ohio					
Oklahoma					
Oregon					
Pennsylvania	1,933,125.	11,052,382.	.174906	.000000	
Rhode Island	2,183,075.	11,052,382.	.197521	.197521	
South Carolina					
South Dakota					
Tennessee					
Texas					
Utah					
Vermont					
Virginia					
Washington					
West Virginia					
Wisconsin					
Wyoming					
Foreign					
Other					
Total 310731 04-01-23	N/A	N/A	N/A	.365685	

SALES FACTOR	Apportionment Summary Worksheet (Continued)	2023
SOLEPLY		85-3898824

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
* Albion				
* Battle Creek				
* Benton Harbor				
* Big Rapids				
* Detroit				
* East Lansing				
* Flint				
* Grand Rapids				
* Grayling				
* Hamtramck				
* Highland Park				
* Hudson				
* Ionia				
* Jackson				
* Lansing				
* Lapeer				
* Muskegon				
* Muskegon Heights				
* Pontiac				
* Port Huron				
* Portland				
* Saginaw				
* Springfield				
* Walker				
* New York City				
* New York- MCTD1				
* New York- MCTD2 (1065 only)				

* Not included in everywhere totals

SUMMARY		Apportionment Summary Worksheet			2023
SOLEPLY					85-3898824
SUMMARY OF FACTORS		PROPERTY	PAYROLL	SALES	APPORTIONMENT
Alabama					
Alaska					
Arizona					
Arkansas					
California					
Colorado					
Connecticut .....				.082450	.082450
Delaware .....		.189181	.055731	.070087	.105000
District of Columbia					
Florida					
Georgia					
Hawaii					
Idaho					
Illinois					
Indiana					
Iowa					
Kansas					
Kentucky					
Louisiana					
Maine					
Maryland .....		.014439	.008427	.015627	.015627
Massachusetts					
Michigan					
Minnesota					
Mississippi					
Missouri					
Montana					
Nebraska					
Nevada					
New Hampshire					
New Jersey .....					.459410
New Mexico					
New York					
North Carolina					
North Dakota					
Ohio					
Oklahoma					
Oregon					
Pennsylvania .....		.143492	.156147	.000000	.158182
Rhode Island .....		.239254	.089066	.197521	.175280
South Carolina					
South Dakota					
Tennessee					
Texas					
Utah					
Vermont					
Virginia					
Washington					
West Virginia					
Wisconsin					
Wyoming					
Foreign					
Other					
Total .....		.586366	.309371	.365685	.995949

310731
04-01-23

SUMMARY	Apportionment Summary Worksheet (Continued)	2023
SOLEPLY		85-3898824

SUMMARY OF FACTORS

	PROPERTY	PAYROLL	SALES	APPORTIONMENT
* Albion				
* Battle Creek				
* Benton Harbor				
* Big Rapids				
* Detroit				
* East Lansing				
* Flint				
* Grand Rapids				
* Grayling				
* Hamtramck				
* Highland Park				
* Hudson				
* Ionia				
* Jackson				
* Lansing				
* Lapeer				
* Muskegon				
* Muskegon Heights				
* Pontiac				
* Port Huron				
* Portland				
* Saginaw				
* Springfield				
* Walker				
* New York City				
* New York- MCTD1				
* New York- MCTD2 (1065 only)				

* Not included in everywhere totals

Form 1065		U.S. Return of Partnership Income		OMB No. 1545-0123	
Department of the Treasury Internal Revenue Service		For calendar year 2023, or tax year beginning _____, ending _____			2023
Go to www.irs.gov/Form1065 for instructions and the latest information.					
A Principal business activity		Name of partnership		D Employer identification number	
SHOE SALES		SOLEPLY		85-3898824	
B Principal product or service		Type or Print		E Date business started	
SALES		807 DOVER STREET		01/01/2021	
C Business code number		City or town, state or province, country, and ZIP or foreign postal code		F Total assets (see instr.)	
458210		CHERRY HILL NJ 08002		\$ 2,715,582.	
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return					
H Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____					
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year 2					
J Check if Schedules C and M-3 are attached <input type="checkbox"/>					
K Check if partnership: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes					
Caution: Include only trade or business income and expenses on lines 1a through 23 below. See instructions for more information.					
Income	1 a Gross receipts or sales	11,052,382.	b Less returns and allowances	684,900.	c Balance
	2 Cost of goods sold (attach Form 1125-A)				10,367,482.
	3 Gross profit. Subtract line 2 from line 1c				6,129,690.
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)				4,237,792.
	5 Net farm profit (loss) (attach Schedule F (Form 1040))				
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				
	7 Other income (loss) (attach statement)		SEE STATEMENT 1		64,126.
	8 Total income (loss). Combine lines 3 through 7				4,301,918.
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)				1,756,662.
	10 Guaranteed payments to partners				
	11 Repairs and maintenance				27,891.
	12 Bad debts				
	13 Rent				1,070,334.
	14 Taxes and licenses		SEE STATEMENT 2		197,416.
	15 Interest (see instructions)				139,598.
	16 a Depreciation (if required, attach Form 4562)	16a	858,221.		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b			858,221.
	17 Depletion (Do not deduct oil and gas depletion.)				
	18 Retirement plans, etc.				22,680.
	19 Employee benefit programs				23,043.
	20 Energy efficient commercial buildings deduction (attach Form 7205)				
	21 Other deductions (attach statement)		SEE STATEMENT 3		721,985.
22 Total deductions. Add the amounts shown in the far right column for lines 9 through 21				4,817,830.	
23 Ordinary business income (loss). Subtract line 22 from line 8				-515,912.	
Tax and Payment	24 Interest due under the look-back method-completed long-term contracts (attach Form 8697)				
	25 Interest due under the look-back method-income forecast method (attach Form 8866)				
	26 BBA AAR imputed underpayment (see instructions)				
	27 Other taxes (see instructions)				
	28 Total balance due. Add lines 24 through 27				
	29 Elective payment election amount from Form 3800				
	30 Payment (see instructions)				
	31 Amount owed. If the sum of line 29 and line 30 is smaller than line 28, enter amount owed				
	32 Overpayment. If the sum of line 29 and line 30 is larger than line 28, enter overpayment				
	Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.			
	Signature of partner or limited liability company member		Date		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LEE SHEILDS		04/01/24		P00028346
	Firm's name	Firm's EIN			
	MARCUM LLP	11-1986323			
	Firm's address			Phone no.	
	601 ROUTE 73 NORTH, SUITE 400 MARLTON, NJ 08053			(856) 830-1600	

Form 1065 (2023)

SOLEPLY

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Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:				Yes	No
a	<input checked="" type="checkbox"/> Domestic general partnership	b	<input type="checkbox"/> Domestic limited partnership		
c	<input type="checkbox"/> Domestic limited liability company	d	<input type="checkbox"/> Domestic limited liability partnership		
e	<input type="checkbox"/> Foreign partnership	f	<input type="checkbox"/> Other		
2 At the end of the tax year:					
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership				X
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership			X	
3 At the end of the tax year, did the partnership:					
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below				X
(i) Name of Corporation				(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below				X
(i) Name of Entity				(ii) Employer Identification Number (if any)	(iii) Type of Entity
(iv) Country of Organization				(v) Maximum Percentage Owned in Profit, Loss, or Capital	
4 Does the partnership satisfy all four of the following conditions?				Yes	No
a	The partnership's total receipts for the tax year were less than \$250,000.				
b	The partnership's total assets at the end of the tax year were less than \$ 1 million.				
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.				
d	The partnership is not filing and is not required to file Schedule M-3				X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.					
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?					X
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
8 At any time during calendar year 2023, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country					X
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions					X
10 a Is the partnership making, or had it previously made (and not revoked), a section 754 election? If "Yes," enter the effective date of the election. See instructions for details regarding a section 754 election					X
b	For this tax year, did the partnership make an optional basis adjustment under section 743(b)? If "Yes," enter the total aggregate net positive amount \$ _____ and the total aggregate net negative amount \$ (_____) of such section 743(b) adjustments for all partners made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions				X

Form 1065 (2023)

SOLEPLY

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Schedule B Other Information (continued)		Yes	No
c	For this tax year, did the partnership make an optional basis adjustment under section 734(b)? If "Yes," enter the total aggregate net positive amount \$ _____ and the total aggregate net negative amount \$ (_____) of such section 734(b) adjustments for all partnership property made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions		X
d	For this tax year, is the partnership required to adjust the basis of partnership property under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," enter the total aggregate amount of such section 743(b) adjustments and/or section 734(b) adjustments for all partners and/or partnership property made in the tax year \$ _____. The partnership must also attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
16 a	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions	X	
b	If "Yes," did you or will you file required Form(s) 1099?	X	
17	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return		
18	Enter the number of partners that are foreign governments under section 892		
19	During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions		X
	If "Yes," enter the total amount of the disallowed deductions \$		
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24	Does the partnership satisfy one or more of the following? See instructions		X
a	The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$29 million and the partnership has business interest expense.		
c	The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		
25	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15 \$		
26	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27	At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
28	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions.		
	Percentage: By vote By value		X
29	Is the partnership required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions):		
a	Under the applicable foreign corporation rules?		X

311021 12-18-23

Form 1065 (2023)

Form 1065 (2023)

Page **4**

Schedule B Other Information <i>(continued)</i>		Yes	No
b	Under the covered surrogate foreign corporation rules? If "Yes" to either (a) or (b), complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208.		X
30	At any time during this tax year, did the partnership (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset)? See instructions		X
31	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 If "No," complete Designation of Partnership Representative below.		X

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR THOMAS YODER, JR	
U.S. address of PR 807 DOVER STREET CHERRY HILL, NJ 08002	U.S. phone number of PR (856) 685-4864
If the PR is an entity, name of the designated individual for the PR	
U.S. address of designated individual	U.S. phone number of designated individual

Form **1065** (2023)

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 23)	1	-515,912.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments: a Services 4a b Capital 4b		
	c Total. Add lines 4a and 4b	4c	
	5 Interest income	5	2.
	6 Dividends and dividend equivalents: a Ordinary dividends	6a	
	b Qualified dividends 6b c Dividend equivalents 6c		
	7 Royalties	7	
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8		
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type:	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13a Cash contributions	13a	251.
	b Noncash contributions	13b	
	c Investment interest expense	13c	
	d Section 59(e)(2) expenditures: (1) Type: (2) Amount	13d(2)	
e Other deductions (see instructions) Type:	13e		
Self-Employment	14a Net earnings (loss) from self-employment	14a	-515,912.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	4,301,918.
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type:	15d	
	e Other rental credits (see instructions) Type:	15e	
	f Other credits (see instructions) Type:	15f	
Inter-national	16 Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items-International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	14,311.
	19a Distributions of cash and marketable securities	19a	122,168.
	b Distributions of other property	19b	
	20a Investment income	20a	2.
	b Investment expenses	20b	
	c Other items and amounts (attach statement) STMT 7		
21 Total foreign taxes paid or accrued	21		

Analysis of Net Income (Loss) per Return

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13e, and 21						1	-516,161.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners		-516,161.					
b Limited partners							

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		436,311.		337,777.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories		1,798,013.		2,062,261.
4 U.S. Government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets	88,340.		1,111,566.	
b Less accumulated depreciation	83,508.	4,832.	922,529.	189,037.
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)	STATEMENT 8	126,508.		126,507.
14 Total assets		2,365,664.		2,715,582.
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STATEMENT 9	719,614.		1,201,675.
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)		508,549.		567,716.
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts		1,137,501.		946,191.
22 Total liabilities and capital		2,365,664.		2,715,582.

Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	-530,472.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13e, and 21, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13e, and 21 (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$ 14,311.	14,311.	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-516,161.
5 Add lines 1 through 4	-516,161.		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	1,212,242.	6 Distributions: a Cash	122,168.
2 Capital contributed: a Cash	386,589.	b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) (see instructions)	-516,161.	STMT 10	14,311.
4 Other increases (itemize):		8 Add lines 6 and 7	136,479.
5 Add lines 1 through 4	1,082,670.	9 Balance at end of year. Subtract line 8 from line 5	946,191.

Form **1125-A****Cost of Goods Sold**

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service
Name

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
 ▶ **Go to www.irs.gov/Form1125A for the latest information.**

OMB No. 1545-0123

SOLEPLY		Employer identification number
		85-3898824
1	Inventory at beginning of year	1,798,013.
2	Purchases	6,393,938.
3	Cost of labor	
4	Additional section 263A costs (attach schedule)	
5	Other costs (attach schedule)	
6	Total. Add lines 1 through 5	8,191,951.
7	Inventory at end of year	2,062,261.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	6,129,690.

9 a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation) ▶ _____

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** _____

e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☒ No
If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

**SCHEDULE B-1
(Form 1065)**(Rev. August 2019)
Department of the Treasury
Internal Revenue Service**Information on Partners Owning 50% or
More of the Partnership**

▶ Attach to Form 1065.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form1065 for the latest information.

Name of partnership

Employer identification number

SOLEPLY**85-3898824****Part I Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
DUSTIN BILLOW	141-06-2803	UNITED STATES	51.00

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 8-2019)

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OTHER

1

OMB No. 1545-0172

2023Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SOLEPLY

85-3898824

Part I Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II** Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	837,806.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		51,373.	5 YRS.	HY	200DB	10,276.
c 7-year property		24,035.	7 YRS.	HY	200DB	3,436.
d 10-year property						
e 15-year property		134,042.	15 YRS.	HY	150DB	6,703.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	858,221.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2023)

SOLEPLY

85-3898824 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2023 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2023 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44

2023 DEPRECIATION AND AMORTIZATION REPORT

OTHER 1

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
17	VEHICLES - 2021 MERCEDES BENZ SPRINTER	07/01/23	200DB	5.00	HY19B		59,961.			47,969.	11,992.			50,368.	2,399.
18	VEHICLES - 2022 MERCEDES BENZ SPRINTER	01/01/23	200DB	5.00	HY19B		66,233.			52,986.	13,247.			55,636.	2,650.
19	VEHICLES - FORD F-650	03/31/23	200DB	5.00	HY19B		127,319.			101,855.	25,464.			106,948.	5,093.
	* OTHER TOTAL -						253,513.			202,810.	50,703.	0.		212,952.	10,142.
	FURNITURE & FIXTURES														
1	FURNITURE & FIXTURES - CHRISTIANA	07/03/23	200DB	7.00	HY19C		3,920.			3,136.	784.			3,248.	112.
2	FURNITURE & FIXTURES - CHRISTIANA	08/08/23	200DB	7.00	HY19C		10,957.			8,766.	2,191.			9,079.	313.
3	FURNITURE & FIXTURES - CHRISTIANA	08/31/23	200DB	7.00	HY19C		1,676.			1,341.	335.			1,389.	48.
4	FURNITURE & FIXTURES - OFFICE	03/28/23	200DB	7.00	HY19C		6,170.			4,936.	1,234.			5,113.	177.
5	FURNITURE & FIXTURES - PROVIDENCE	04/13/23	200DB	7.00	HY19C		25,011.			20,009.	5,002.			20,724.	715.
6	FURNITURE & FIXTURES - PROVIDENCE	06/08/23	200DB	7.00	HY19C		3,352.			2,682.	670.			2,778.	96.
7	FURNITURE & FIXTURES - PROVIDENCE	06/23/23	200DB	7.00	HY19C		14,950.			11,960.	2,990.			12,387.	427.
8	FURNITURE & FIXTURES - PROVIDENCE	07/03/23	200DB	7.00	HY19C		9,735.			7,788.	1,947.			8,066.	278.
9	FURNITURE & FIXTURES - SONO	02/06/23	200DB	7.00	HY19C		14,438.			11,550.	2,888.			11,963.	413.
10	FURNITURE & FIXTURES - SONO	02/27/23	200DB	7.00	HY19C		4,958.			3,966.	992.			4,108.	142.
11	FURNITURE & FIXTURES - SONO	04/13/23	200DB	7.00	HY19C		25,011.			20,009.	5,002.			20,724.	715.
20	FURNITURE & FIXTURES (PREVIOUS)	04/15/22	200DB	5.00	HY17		64,308.		64,308.					0.	
21	FURNITURE & FIXTURES	06/08/23	200DB	5.00	HY19B		3,352.			2,682.	670.			2,816.	134.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

OTHER 1

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* OTHER TOTAL FURNITURE & FIXTURES						441,351.		64,308.	301,635.	75,408.	0.		315,347.	13,712.
	* OTHER TOTAL -						187,838.		64,308.	98,825.	24,705.	0.		102,395.	3,570.
12	LEASEHOLD IMPROVEMENTS - CHRISTIANA	04/01/23	150DB	15.00		HY19E	128,106.			102,485.	25,621.			103,766.	1,281.
13	LEASEHOLD IMPROVEMENTS - MPG	08/01/23	150DB	15.00		HY19E	260,002.			208,002.	52,000.			210,602.	2,600.
14	LEASEHOLD IMPROVEMENTS - OFFICE	03/01/23	150DB	15.00		HY19E	5,940.			4,752.	1,188.			4,812.	60.
15	LEASEHOLD IMPROVEMENTS - PROVIDENCE	01/01/23	150DB	15.00		HY19E	153,419.			122,735.	30,684.			124,269.	1,534.
16	LEASEHOLD IMPROVEMENTS - SONO	01/01/23	150DB	15.00		HY19E	122,746.			98,197.	24,549.			99,425.	1,228.
	* OTHER TOTAL -						670,213.			536,171.	134,042.	0.		542,874.	6,703.
	* GRAND TOTAL OTHER DEPRECIATION						1,111,564.		64,308.	837,806.	209,450.	0.		858,221.	20,415.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						64,308.		64,308.	0.	0.	0.			0.
	ACQUISITIONS						1,047,256.		0.	837,806.	209,450.	0.			20,415.
	DISPOSITIONS/RETIRED						0.		0.	0.	0.	0.			0.
	ENDING BALANCE						1,111,564.		64,308.	837,806.	209,450.	0.			20,415.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Worksheet for Figuring Net Earnings (Loss) From Self-Employment

Name of partnership			Employer identification number	
SOLEPLY			85-3898824	
1 a Ordinary income (loss) (Schedule K, line 1)	1a	- 515,912.		
b Net income (loss) from CERTAIN rental real estate activities	1b			
c Net income (loss) from other rental activities (Schedule K, line 3c)	1c			
d Net loss from Form 4797, Part II, line 17, included on line 1a above. Enter as a positive amount	1d			
e Other additions	1e			
f Combine lines 1a through 1e	1f	- 515,912.		
2 a Net gain from Form 4797, Part II, line 17, included on line 1a above	2a			
b Other subtractions	2b			
c Add lines 2a and 2b	2c			
3 a Subtract line 2c from line 1f. If line 1f is a loss, increase the loss on line 1f by the amount on line 2c	3a	- 515,912.	3c	- 515,912.
b Part of line 3a allocated to limited partners, estates, trusts, corporations, exempt organizations, and IRAs	3b			
c Subtract line 3b from line 3a				
4 a Guaranteed payments to partners (Schedule K, line 4a) derived from a trade or business as defined in section 1402(c)	4a		4c	
b Part of line 4a allocated to individual limited partners for other than services and to estates, trusts, corporations, exempt organizations, and IRAs	4b			
c Subtract line 4b from line 4a				
5 Net earnings (loss) from self-employment. Combine lines 3c and 4c. Enter here and on Schedule K, line 14a	5	- 515,912.		

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

SolePly
807 DOVER STREET
CHERRY HILL, NJ 08002

Employer Identification Number: 85-3898824

For the Year Ending December 31, 2023

SolePly is making the de minimis safe harbor election under Reg.
Sec. 1.263(a)-1(f).

FORM 1065 OTHER INCOME STATEMENT 1

DESCRIPTION	AMOUNT
OTHER INCOME	64,126.
TOTAL TO FORM 1065, LINE 7	64,126.

FORM 1065 TAX EXPENSE STATEMENT 2

DESCRIPTION	AMOUNT
OTHER TAXES	8,441.
PAYROLL TAXES	188,975.
TOTAL TO FORM 1065, LINE 14	197,416.

FORM 1065 OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
ADMINISTRATIVE EXPENSES	12,804.
ADVERTISING	32,323.
CABLE & INTERNET	27,622.
CLEANING & JANITORIAL	4,860.
COMPUTER EXPENSE	16,114.
CONSULTING FEES	5,777.
DUES & SUBSCRIPTIONS	27,797.
E COMMERCE FEES	48,926.
INSURANCE	113,336.
LOAN FEES	14,500.
MEALS	14,311.
MERCHANT FEES	80,321.
OFFICE EXPENSE	34,619.
PAYROLL PROCESSING FEES	16,950.
PROFESSIONAL FEES	33,474.
STORE SUPPLIES	38,439.
TRADE SHOWS	54,465.
TRAVEL EXPENSE	43,535.
UTILITIES	30,106.
VEHICLE EXPENSE	39,293.
WASTE & TRASH REMOVAL	32,413.
TOTAL TO FORM 1065, LINE 21	721,985.

SCHEDULE K	INTEREST INCOME	STATEMENT 4
DESCRIPTION	U.S. BONDS	OTHER
INTEREST INCOME		2.
TOTAL TO SCHEDULE K, LINE 5		2.

SCHEDULE K	CHARITABLE CONTRIBUTIONS	STATEMENT 5
DESCRIPTION	TYPE	AMOUNT
CHARITABLE CONTRIBUTIONS	CASH (60%)	251.
TOTALS TO SCHEDULE K, LINE 13A		251.

SCHEDULE K	NONDEDUCTIBLE EXPENSE	STATEMENT 6
DESCRIPTION		AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES		14,311.
TOTAL TO SCHEDULE K, LINE 18C		14,311.

SCHEDULE K	OTHER ITEMS	STATEMENT 7
DESCRIPTION		AMOUNT
GROSS RECEIPTS FOR SECTION 448(C)		10,367,484.
AGGREGATE BUSINESS ACTIVITY GROSS INCOME OR GAIN		4,301,918.
AGGREGATE BUSINESS ACTIVITY DEDUCTIONS		4,817,830.
SECTION 199A - ORDINARY INCOME (LOSS)		-515,912.
SECTION 199A W-2 WAGES		1,756,662.
SECTION 199A UNADJUSTED BASIS OF ASSETS		1,111,564.
BUSINESS INTEREST EXPENSE		139,598.

SCHEDULE L	OTHER ASSETS	STATEMENT 8
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS	126,508.	126,507.
TOTAL TO SCHEDULE L, LINE 13	126,508.	126,507.

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT 9
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
AUTO LOANS	0.	191,133.
CREDIT CARD PAYABLE	0.	119,094.
LOANS	719,614.	843,039.
PAYROLL TAX PAYABLE	0.	19,530.
SALES TAX PAYABLE	0.	28,879.
TOTAL TO SCHEDULE L, LINE 17	719,614.	1,201,675.

SCHEDULE M-2	OTHER DECREASES	STATEMENT 10
DESCRIPTION		AMOUNT
NONDEDUCTIBLE EXPENSES		14,311.
TOTAL TO SCHEDULE M-2, LINE 7		14,311.

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
17	VEHICLES - 2021 MERCEDES BENZ SPRINTER	070123	200DB	5.00	59,961.	0.	50,368.	50,368.	0.
18	VEHICLES - 2022 MERCEDES BENZ SPRINTER	010123	200DB	5.00	66,233.	0.	55,636.	55,636.	0.
19	VEHICLES - FORD F-650	033123	200DB	5.00	127,319.	0.	106,948.	106,948.	0.
1	FURNITURE & FIXTURES - CHRISTIANA	070323	200DB	7.00	3,920.	0.	3,248.	3,248.	0.
2	FURNITURE & FIXTURES - CHRISTIANA	080823	200DB	7.00	10,957.	0.	9,079.	9,079.	0.
3	FURNITURE & FIXTURES - CHRISTIANA	083123	200DB	7.00	1,676.	0.	1,389.	1,389.	0.
4	FURNITURE & FIXTURES - OFFICE	032823	200DB	7.00	6,170.	0.	5,113.	5,113.	0.
5	FURNITURE & FIXTURES - PROVIDENCE	041323	200DB	7.00	25,011.	0.	20,724.	20,724.	0.
6	FURNITURE & FIXTURES - PROVIDENCE	060823	200DB	7.00	3,352.	0.	2,778.	2,778.	0.
7	FURNITURE & FIXTURES - PROVIDENCE	062323	200DB	7.00	14,950.	0.	12,387.	12,387.	0.
8	FURNITURE & FIXTURES - PROVIDENCE	070323	200DB	7.00	9,735.	0.	8,066.	8,066.	0.
9	FURNITURE & FIXTURES - SONO	020623	200DB	7.00	14,438.	0.	11,963.	11,963.	0.
10	FURNITURE & FIXTURES - SONO	022723	200DB	7.00	4,958.	0.	4,108.	4,108.	0.
11	FURNITURE & FIXTURES - SONO	041323	200DB	7.00	25,011.	0.	20,724.	20,724.	0.
21	FURNITURE & FIXTURES	060823	200DB	5.00	3,352.	0.	2,816.	2,816.	0.
12	LEASEHOLD IMPROVEMENTS - CHRISTIANA	040123	150DB	15.00	128,106.	0.	103,766.	103,766.	0.
13	LEASEHOLD IMPROVEMENTS - MPG	080123	150DB	15.00	260,002.	0.	210,602.	210,602.	0.
14	LEASEHOLD IMPROVEMENTS - OFFICE	030123	150DB	15.00	5,940.	0.	4,812.	4,812.	0.
15	LEASEHOLD IMPROVEMENTS - PROVIDENCE	010123	150DB	15.00	153,419.	0.	124,269.	124,269.	0.
16	LEASEHOLD IMPROVEMENTS - SONO	010123	150DB	15.00	122,746.	0.	99,425.	99,425.	0.
	TOTALS				1,047,256.	0.	858,221.	858,221.	0.

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SOLEPLY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
17	VEHICLES - 2021 MERCEDES BENZ SPRIN	070123	200DB	5.00	19B	59,961.		47,969.	11,992.			50,368.
18	VEHICLES - 2022 MERCEDES BENZ SPRIN	010123	200DB	5.00	19B	66,233.		52,986.	13,247.			55,636.
19	VEHICLES - FORD F-650	033123	200DB	5.00	19B	127,319.		101,855.	25,464.			106,948.
	* OTHER TOTAL -					253,513.		202,810.	50,703.	0.		212,952.
	FURNITURE & FIXTURES											
1	FURNITURE & FIXTURES - CHRISTIA	070323	200DB	7.00	19C	3,920.		3,136.	784.			3,248.
2	FURNITURE & FIXTURES - CHRISTIA	080823	200DB	7.00	19C	10,957.		8,766.	2,191.			9,079.
3	FURNITURE & FIXTURES - CHRISTIA	083123	200DB	7.00	19C	1,676.		1,341.	335.			1,389.
4	FURNITURE & FIXTURES - OFFICE	032823	200DB	7.00	19C	6,170.		4,936.	1,234.			5,113.
5	FURNITURE & FIXTURES - PROVIDEN	041323	200DB	7.00	19C	25,011.		20,009.	5,002.			20,724.
6	FURNITURE & FIXTURES - PROVIDEN	060823	200DB	7.00	19C	3,352.		2,682.	670.			2,778.
7	FURNITURE & FIXTURES - PROVIDEN	062323	200DB	7.00	19C	14,950.		11,960.	2,990.			12,387.
8	FURNITURE & FIXTURES - PROVIDEN	070323	200DB	7.00	19C	9,735.		7,788.	1,947.			8,066.
9	FURNITURE & FIXTURES - SONO	020623	200DB	7.00	19C	14,438.		11,550.	2,888.			11,963.
10	FURNITURE & FIXTURES - SONO	022723	200DB	7.00	19C	4,958.		3,966.	992.			4,108.
11	FURNITURE & FIXTURES - SONO	041323	200DB	7.00	19C	25,011.		20,009.	5,002.			20,724.
20	FURNITURE & FIXTURES (PREVIOUS)	041522	200DB	5.00	17	64,308.		64,308.				0.
21	FURNITURE & FIXTURES	060823	200DB	5.00	19B	3,352.		2,682.	670.			2,816.

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SOLEPLY

Asset No.	Description	Date Acquired			Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* OTHER TOTAL FURNITURE & FIXTURE							441,351.		365,943.	75,408.	0.		315,347.
	* OTHER TOTAL - LEASEHOLD							187,838.		163,133.	24,705.	0.		102,395.
12	IMPROVEMENTS - CHRI	04	01	23	150DB	15.00	19E	128,106.		102,485.	25,621.			103,766.
13	LEASEHOLD IMPROVEMENTS - MPG	08	01	23	150DB	15.00	19E	260,002.		208,002.	52,000.			210,602.
14	LEASEHOLD IMPROVEMENTS - OFFI	03	01	23	150DB	15.00	19E	5,940.		4,752.	1,188.			4,812.
15	LEASEHOLD IMPROVEMENTS - PROV	01	01	23	150DB	15.00	19E	153,419.		122,735.	30,684.			124,269.
16	LEASEHOLD IMPROVEMENTS - SONO	01	01	23	150DB	15.00	19E	122,746.		98,197.	24,549.			99,425.
	* OTHER TOTAL -							670,213.		536,171.	134,042.	0.		542,874.
	* GRAND TOTAL OTHER DEPRECIATION							1111564.		902,114.	209,450.	0.		858,221.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE							64,308.		64,308.	0.	0.		
	ACQUISITIONS							1047256.		837,806.	209,450.	0.		
	DISPOSITIONS							0.		0.	0.	0.		
	ENDING BALANCE							1111564.		902,114.	209,450.	0.		

- NEXT YEAR FEDERAL - SOLEPLY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
17	VEHICLES - 2021 MERCEDES BENZ SPRINT	070123	200DB	5.00	59,961.	47,969.	11,992.	2,399.	3,837.
	AMT DEPRECIATION		200DB	5.00				2,399.	3,837.
18	VEHICLES - 2022 MERCEDES BENZ SPRINT	010123	200DB	5.00	66,233.	52,986.	13,247.	2,650.	4,239.
	AMT DEPRECIATION		200DB	5.00				2,650.	4,239.
19	VEHICLES - FORD F-650	033123	200DB	5.00	127,319.	101855.	25,464.	5,093.	8,148.
	AMT DEPRECIATION		200DB	5.00				5,093.	8,148.
	* OTHER TOTAL -				253,513.	202810.	50,703.	10,142.	16,224.
	FURNITURE & FIXTURES								
1	FURNITURE & FIXTURES - CHRISTIANA	070323	200DB	7.00	3,920.	3,136.	784.	112.	192.
	AMT DEPRECIATION		200DB	7.00				112.	192.
2	FURNITURE & FIXTURES - CHRISTIANA	080823	200DB	7.00	10,957.	8,766.	2,191.	313.	537.
	AMT DEPRECIATION		200DB	7.00				313.	537.
3	FURNITURE & FIXTURES - CHRISTIANA	083123	200DB	7.00	1,676.	1,341.	335.	48.	82.
	AMT DEPRECIATION		200DB	7.00				48.	82.
4	FURNITURE & FIXTURES - OFFICE	032823	200DB	7.00	6,170.	4,936.	1,234.	177.	302.
	AMT DEPRECIATION		200DB	7.00				177.	302.
5	FURNITURE & FIXTURES - PROVIDENCE	041323	200DB	7.00	25,011.	20,009.	5,002.	715.	1,225.
	AMT DEPRECIATION		200DB	7.00				715.	1,225.
6	FURNITURE & FIXTURES - PROVIDENCE	060823	200DB	7.00	3,352.	2,682.	670.	96.	164.
	AMT DEPRECIATION		200DB	7.00				96.	164.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - SOLEPLY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
7	FURNITURE & FIXTURES - PROVIDENCE	062323	200DB	7.00	14,950.	11,960.	2,990.	427.	732.
	AMT DEPRECIATION		200DB	7.00				427.	732.
8	FURNITURE & FIXTURES - PROVIDENCE	070323	200DB	7.00	9,735.	7,788.	1,947.	278.	477.
	AMT DEPRECIATION		200DB	7.00				278.	477.
9	FURNITURE & FIXTURES - SONO	020623	200DB	7.00	14,438.	11,550.	2,888.	413.	707.
	AMT DEPRECIATION		200DB	7.00				413.	707.
10	FURNITURE & FIXTURES - SONO	022723	200DB	7.00	4,958.	3,966.	992.	142.	243.
	AMT DEPRECIATION		200DB	7.00				142.	243.
11	FURNITURE & FIXTURES - SONO	041323	200DB	7.00	25,011.	20,009.	5,002.	715.	1,225.
	AMT DEPRECIATION		200DB	7.00				715.	1,225.
20	FURNITURE & FIXTURES (PREVIOUS)	041522	200DB	5.00	64,308.	64,308.			0.
21	FURNITURE & FIXTURES	060823	200DB	5.00	3,352.	2,682.	670.	134.	214.
	AMT DEPRECIATION		200DB	5.00				134.	214.
	* OTHER TOTAL FURNITURE & FIXTURES				441,351.	365943.	75,408.	13,712.	22,324.
	* OTHER TOTAL -				187,838.	163133.	24,705.	3,570.	6,100.
12	LEASEHOLD IMPROVEMENTS - CHRISTIANA	040123	150DB	15.00	128,106.	102485.	25,621.	1,281.	2,434.
	AMT DEPRECIATION		150DB	15.00				1,281.	2,434.
13	LEASEHOLD IMPROVEMENTS - MPG	080123	150DB	15.00	260,002.	208002.	52,000.	2,600.	4,940.
	AMT DEPRECIATION		150DB	15.00				2,600.	4,940.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - SOLEPLY

[illegible]

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE - SOLEPLY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
17	VEHICLES - 2021 MERCEDES BENZ SPRIN	070123	200DB	5.00	19B	59,961.			59,961.			11,992.
18	VEHICLES - 2022 MERCEDES BENZ SPRIN	010123	200DB	5.00	19B	66,233.			66,233.			13,247.
19	VEHICLES - FORD F-650	033123	200DB	5.00	19B	127,319.			127,319.			25,464.
22	TRUCK (PREVIOUS)	093022	200DB	5.00	17							0.
	* OTHER TOTAL -					253,513.			253,513.			50,703.
	FURNITURE & FIXTURES											
1	FURNITURE & FIXTURES - CHRISTIA	070323	200DB	7.00	19C	3,920.			3,920.			560.
2	FURNITURE & FIXTURES - CHRISTIA	080823	200DB	7.00	19C	10,957.			10,957.			1,566.
3	FURNITURE & FIXTURES - CHRISTIA	083123	200DB	7.00	19C	1,676.			1,676.			240.
4	FURNITURE & FIXTURES - OFFICE	032823	200DB	7.00	19C	6,170.			6,170.			882.
5	FURNITURE & FIXTURES - PROVIDEN	041323	200DB	7.00	19C	25,011.			25,011.			3,573.
6	FURNITURE & FIXTURES - PROVIDEN	060823	200DB	7.00	19C	3,352.			3,352.			479.
7	FURNITURE & FIXTURES - PROVIDEN	062323	200DB	7.00	19C	14,950.			14,950.			2,136.
8	FURNITURE & FIXTURES - PROVIDEN	070323	200DB	7.00	19C	9,735.			9,735.			1,391.
9	FURNITURE & FIXTURES - SONO	020623	200DB	7.00	19C	14,438.			14,438.			2,063.
10	FURNITURE & FIXTURES - SONO	022723	200DB	7.00	19C	4,958.			4,958.			709.
11	FURNITURE & FIXTURES - SONO	041323	200DB	7.00	19C	25,011.			25,011.			3,573.
20	FURNITURE & FIXTURES (PREVIOUS)	041522	200DB	5.00	17	64,308.		64,308.				0.

328102 04-01-23

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE - SOLEPLY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
21	FURNITURE & FIXTURES	060823	200DB	5.00	19B	3,352.			3,352.			671.
	* OTHER TOTAL FURNITURE AND FIXTURES					441,351.		64,308.	377,043.			68,546.
	* OTHER TOTAL - LEASEHOLD IMPROVEMENTS - CHRI					187,838.		64,308.	123,530.			17,843.
12	LEASEHOLD IMPROVEMENTS - CHRI	040123	150DB	15.00	19E	128,106.			128,106.			6,406.
13	LEASEHOLD IMPROVEMENTS - MPG	080123	150DB	15.00	19E	260,002.			260,002.			13,000.
14	LEASEHOLD IMPROVEMENTS - OFFI	030123	150DB	15.00	19E	5,940.			5,940.			297.
15	LEASEHOLD IMPROVEMENTS - PROV	010123	150DB	15.00	19E	153,419.			153,419.			7,671.
16	LEASEHOLD IMPROVEMENTS - SONO	010123	150DB	15.00	19E	122,746.			122,746.			6,138.
	* OTHER TOTAL OTHER					670,213.			670,213.			33,512.
	* OTHER TOTAL -					670,213.			670,213.			33,512.
	* GRAND TOTAL OTHER DEPR					1111564.		64,308.	1047256.			102,058.
	TOTALS FOR MARYLAND					1111564.		64,308.	1047256.			102,058.
17	VEHICLES - 2021 MERCEDES BENZ SPRIN	070123	200DB	5.00	19B	59,961.			59,961.			11,992.
18	VEHICLES - 2022 MERCEDES BENZ SPRIN	010123	200DB	5.00	19B	66,233.			66,233.			13,247.
19	VEHICLES - FORD F-650	033123	200DB	5.00	19B	127,319.			127,319.			25,464.
22	TRUCK (PREVIOUS)	093022	200DB	5.00	17					2,127.		0.
	* OTHER TOTAL - FURNITURE & FIXTURES					253,513.			253,513.	2,127.		50,703.

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE - SOLEPLY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE & FIXTURES - CHRISTIA	070323	200DB	7.00	19C	3,920.			3,920.			560.
2	FURNITURE & FIXTURES - CHRISTIA	080823	200DB	7.00	19C	10,957.			10,957.			1,566.
3	FURNITURE & FIXTURES - CHRISTIA	083123	200DB	7.00	19C	1,676.			1,676.			240.
4	FURNITURE & FIXTURES - OFFICE	032823	200DB	7.00	19C	6,170.			6,170.			882.
5	FURNITURE & FIXTURES - PROVIDEN	041323	200DB	7.00	19C	25,011.			25,011.			3,573.
6	FURNITURE & FIXTURES - PROVIDEN	060823	200DB	7.00	19C	3,352.			3,352.			479.
7	FURNITURE & FIXTURES - PROVIDEN	062323	200DB	7.00	19C	14,950.			14,950.			2,136.
8	FURNITURE & FIXTURES - PROVIDEN	070323	200DB	7.00	19C	9,735.			9,735.			1,391.
9	FURNITURE & FIXTURES - SONO	020623	200DB	7.00	19C	14,438.			14,438.			2,063.
10	FURNITURE & FIXTURES - SONO	022723	200DB	7.00	19C	4,958.			4,958.			709.
11	FURNITURE & FIXTURES - SONO	041323	200DB	7.00	19C	25,011.			25,011.			3,573.
20	FURNITURE & FIXTURES (PREVIOUS)	041522	SL	5.00	17	64,308.			64,308.	9,110.		12,862.
21	FURNITURE & FIXTURES	060823	200DB	5.00	19B	3,352.			3,352.			671.
	* OTHER TOTAL FURNITURE AND FIXTU					441,351.			441,351.	11,237.		81,408.
	* OTHER TOTAL -					187,838.			187,838.	9,110.		30,705.
12	LEASEHOLD IMPROVEMENTS - CHRI	040123	150DB	15.00	19E	128,106.			128,106.			6,406.
13	LEASEHOLD IMPROVEMENTS - MPG	080123	150DB	15.00	19E	260,002.			260,002.			13,000.
14	LEASEHOLD IMPROVEMENTS - OFFI	030123	150DB	15.00	19E	5,940.			5,940.			297.

328102 04-01-23

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE - SOLEPLY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
15	LEASEHOLD IMPROVEMENTS - PROV	010123	150DB	15.00	19E	153,419.			153,419.			7,671.
16	LEASEHOLD IMPROVEMENTS - SONO	010123	150DB	15.00	19E	122,746.			122,746.			6,138.
	* OTHER TOTAL OTHER					670,213.			670,213.			33,512.
	* OTHER TOTAL -					670,213.			670,213.			33,512.
	* GRAND TOTAL OTHER DEPR					1111564.			1111564.	11,237.		114,920.
	TOTALS FOR NEW JERSEY					1111564.			1111564.	11,237.		114,920.
17	VEHICLES - 2021 MERCEDES BENZ SPRIN	070123	SL	5.00	19B	59,961.			59,961.			5,996.
18	VEHICLES - 2022 MERCEDES BENZ SPRIN	010123	SL	5.00	19B	66,233.			66,233.			6,624.
19	VEHICLES - FORD F-650	033123	SL	5.00	19B	127,319.			127,319.			12,732.
22	TRUCK (PREVIOUS)	093022	200DB	5.00	17							0.
	* OTHER TOTAL -					253,513.			253,513.			25,352.
	FURNITURE & FIXTURES											
1	FURNITURE & FIXTURES - CHRISTIA	070323	SL	7.00	19C	3,920.			3,920.			280.
2	FURNITURE & FIXTURES - CHRISTIA	080823	SL	7.00	19C	10,957.			10,957.			783.
3	FURNITURE & FIXTURES - CHRISTIA	083123	SL	7.00	19C	1,676.			1,676.			120.
4	FURNITURE & FIXTURES - OFFICE	032823	SL	7.00	19C	6,170.			6,170.			441.
5	FURNITURE & FIXTURES - PROVIDEN	041323	SL	7.00	19C	25,011.			25,011.			1,787.
6	FURNITURE & FIXTURES - PROVIDEN	060823	SL	7.00	19C	3,352.			3,352.			240.

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE - SOLEPLY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
7	FURNITURE & FIXTURES - PROVIDEN	062323	SL	7.00	19C	14,950.			14,950.			1,068.
8	FURNITURE & FIXTURES - PROVIDEN	070323	SL	7.00	19C	9,735.			9,735.			696.
9	FURNITURE & FIXTURES - SONO	020623	SL	7.00	19C	14,438.			14,438.			1,032.
10	FURNITURE & FIXTURES - SONO	022723	SL	7.00	19C	4,958.			4,958.			354.
11	FURNITURE & FIXTURES - SONO	041323	SL	7.00	19C	25,011.			25,011.			1,787.
20	FURNITURE & FIXTURES (PREVIOUS)	041522	200DB	5.00	17	64,308.		64,308.				0.
21	FURNITURE & FIXTURES	060823	SL	5.00	19B	3,352.			3,352.			335.
	* OTHER TOTAL FURNITURE AND FIXTU					441,351.		64,308.	377,043.			34,275.
	* OTHER TOTAL - LEASEHOLD					187,838.		64,308.	123,530.			8,923.
12	IMPROVEMENTS - CHRI	040123	SL	15.00	19E	128,106.			128,106.			4,270.
13	IMPROVEMENTS - MPG	080123	SL	15.00	19E	260,002.			260,002.			8,667.
14	IMPROVEMENTS - OFFI	030123	SL	15.00	19E	5,940.			5,940.			198.
15	IMPROVEMENTS - PROV	010123	SL	15.00	19E	153,419.			153,419.			5,114.
16	IMPROVEMENTS - SONO	010123	SL	15.00	19E	122,746.			122,746.			4,092.
	* OTHER TOTAL OTHER					670,213.			670,213.			22,341.
	* OTHER TOTAL -					670,213.			670,213.			22,341.
	* GRAND TOTAL OTHER DEPR					1111564.		64,308.	1047256.			56,616.
	TOTALS FOR PENNSYLVANIA					1111564.		64,308.	1047256.			56,616.

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE - SOLEPLY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
17	VEHICLES - 2021 MERCEDES BENZ SPRIN	070123	200DB	5.00	19B	59,961.			59,961.			11,992.
18	VEHICLES - 2022 MERCEDES BENZ SPRIN	010123	200DB	5.00	19B	66,233.			66,233.			13,247.
19	VEHICLES - FORD F-650	033123	200DB	5.00	19B	127,319.			127,319.			25,464.
22	TRUCK (PREVIOUS)	093022	200DB	5.00	17							0.
	* OTHER TOTAL -					253,513.			253,513.			50,703.
	FURNITURE & FIXTURES											
1	FURNITURE & FIXTURES - CHRISTIA	070323	200DB	7.00	19C	3,920.			3,920.			560.
2	FURNITURE & FIXTURES - CHRISTIA	080823	200DB	7.00	19C	10,957.			10,957.			1,566.
3	FURNITURE & FIXTURES - CHRISTIA	083123	200DB	7.00	19C	1,676.			1,676.			240.
4	FURNITURE & FIXTURES - OFFICE	032823	200DB	7.00	19C	6,170.			6,170.			882.
5	FURNITURE & FIXTURES - PROVIDEN	041323	200DB	7.00	19C	25,011.			25,011.			3,573.
6	FURNITURE & FIXTURES - PROVIDEN	060823	200DB	7.00	19C	3,352.			3,352.			479.
7	FURNITURE & FIXTURES - PROVIDEN	062323	200DB	7.00	19C	14,950.			14,950.			2,136.
8	FURNITURE & FIXTURES - PROVIDEN	070323	200DB	7.00	19C	9,735.			9,735.			1,391.
9	FURNITURE & FIXTURES - SONO	020623	200DB	7.00	19C	14,438.			14,438.			2,063.
10	FURNITURE & FIXTURES - SONO	022723	200DB	7.00	19C	4,958.			4,958.			709.
11	FURNITURE & FIXTURES - SONO	041323	200DB	7.00	19C	25,011.			25,011.			3,573.
20	FURNITURE & FIXTURES (PREVIOUS)	041522	200DB	5.00	17	64,308.		64,308.				0.

- CURRENT YEAR STATE - SOLEPLY

328102 04-01-23 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR STATE - SOLEPLY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	VEHICLES - 2021 MERCEDES BENZ								
17	SPRINTER	070123	200DB	5.00	59,961.		59,961.	11,992.	19,188.
	VEHICLES - 2022 MERCEDES BENZ								
18	SPRINTER	010123	200DB	5.00	66,233.		66,233.	13,247.	21,194.
19	VEHICLES - FORD F-650	033123	200DB	5.00	127,319.		127,319.	25,464.	40,742.
22	TRUCK (PREVIOUS)	093022	200DB	5.00					0.
	* OTHER TOTAL -				253,513.	0.	253,513.	50,703.	81,124.
	FURNITURE & FIXTURES								
1	FURNITURE & FIXTURES - CHRISTIANA	070323	200DB	7.00	3,920.		3,920.	560.	960.
2	FURNITURE & FIXTURES - CHRISTIANA	080823	200DB	7.00	10,957.		10,957.	1,566.	2,683.
3	FURNITURE & FIXTURES - CHRISTIANA	083123	200DB	7.00	1,676.		1,676.	240.	410.
4	FURNITURE & FIXTURES - OFFICE	032823	200DB	7.00	6,170.		6,170.	882.	1,511.
5	FURNITURE & FIXTURES - PROVIDENCE	041323	200DB	7.00	25,011.		25,011.	3,573.	6,125.
6	FURNITURE & FIXTURES - PROVIDENCE	060823	200DB	7.00	3,352.		3,352.	479.	821.
7	FURNITURE & FIXTURES - PROVIDENCE	062323	200DB	7.00	14,950.		14,950.	2,136.	3,661.
8	FURNITURE & FIXTURES - PROVIDENCE	070323	200DB	7.00	9,735.		9,735.	1,391.	2,384.
9	FURNITURE & FIXTURES - SONO	020623	200DB	7.00	14,438.		14,438.	2,063.	3,536.
10	FURNITURE & FIXTURES - SONO	022723	200DB	7.00	4,958.		4,958.	709.	1,214.
11	FURNITURE & FIXTURES - SONO	041323	200DB	7.00	25,011.		25,011.	3,573.	6,125.
20	FURNITURE & FIXTURES (PREVIOUS)	041522	200DB	5.00	64,308.	64,308.			0.
21	FURNITURE & FIXTURES	060823	200DB	5.00	3,352.		3,352.	671.	1,072.
	* OTHER TOTAL FURNITURE AND FIXTURES				441,351.	64,308.	377,043.	68,546.	111,626.
	* OTHER TOTAL -				187,838.	64,308.	123,530.	17,843.	30,502.
12	LEASEHOLD IMPROVEMENTS - CHRISTIANA	040123	150DB	15.00	128,106.		128,106.	6,406.	12,170.
13	LEASEHOLD IMPROVEMENTS - MPG	080123	150DB	15.00	260,002.		260,002.	13,000.	24,700.
14	LEASEHOLD IMPROVEMENTS - OFFICE	030123	150DB	15.00	5,940.		5,940.	297.	564.
15	LEASEHOLD IMPROVEMENTS - PROVIDENCE	010123	150DB	15.00	153,419.		153,419.	7,671.	14,575.
16	LEASEHOLD IMPROVEMENTS - SONO	010123	150DB	15.00	122,746.		122,746.	6,138.	11,661.
	* OTHER TOTAL OTHER				670,213.	0.	670,213.	33,512.	63,670.
	* OTHER TOTAL -				670,213.	0.	670,213.	33,512.	63,670.
	* GRAND TOTAL OTHER DEPR				1111564.	64,308.	1047256.	102,058.	175,296.
	TOTALS FOR MARYLAND				1111564.	64,308.	1047256.	102,058.	175,296.
	VEHICLES - 2021 MERCEDES BENZ								
17	SPRINTER	070123	200DB	5.00	59,961.		59,961.	11,992.	19,188.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR STATE - SOLEPLY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	VEHICLES - 2022 MERCEDES BENZ								
18	SPRINTER	010123	200DB	5.00	66,233.		66,233.	13,247.	21,194.
19	VEHICLES - FORD F-650	033123	200DB	5.00	127,319.		127,319.	25,464.	40,742.
22	TRUCK (PREVIOUS)	093022	200DB	5.00					0.
	* OTHER TOTAL -				253,513.	0.	253,513.	50,703.	81,124.
	FURNITURE & FIXTURES								
1	FURNITURE & FIXTURES - CHRISTIANA	070323	200DB	7.00	3,920.		3,920.	560.	960.
2	FURNITURE & FIXTURES - CHRISTIANA	080823	200DB	7.00	10,957.		10,957.	1,566.	2,683.
3	FURNITURE & FIXTURES - CHRISTIANA	083123	200DB	7.00	1,676.		1,676.	240.	410.
4	FURNITURE & FIXTURES - OFFICE	032823	200DB	7.00	6,170.		6,170.	882.	1,511.
5	FURNITURE & FIXTURES - PROVIDENCE	041323	200DB	7.00	25,011.		25,011.	3,573.	6,125.
6	FURNITURE & FIXTURES - PROVIDENCE	060823	200DB	7.00	3,352.		3,352.	479.	821.
7	FURNITURE & FIXTURES - PROVIDENCE	062323	200DB	7.00	14,950.		14,950.	2,136.	3,661.
8	FURNITURE & FIXTURES - PROVIDENCE	070323	200DB	7.00	9,735.		9,735.	1,391.	2,384.
9	FURNITURE & FIXTURES - SONO	020623	200DB	7.00	14,438.		14,438.	2,063.	3,536.
10	FURNITURE & FIXTURES - SONO	022723	200DB	7.00	4,958.		4,958.	709.	1,214.
11	FURNITURE & FIXTURES - SONO	041323	200DB	7.00	25,011.		25,011.	3,573.	6,125.
20	FURNITURE & FIXTURES (PREVIOUS)	041522	SL	5.00	64,308.		64,308.	21,972.	12,862.
21	FURNITURE & FIXTURES	060823	200DB	5.00	3,352.		3,352.	671.	1,072.
	* OTHER TOTAL FURNITURE AND FIXTURES				441,351.	0.	441,351.	90,518.	124,488.
	* OTHER TOTAL -				187,838.	0.	187,838.	39,815.	43,364.
12	LEASEHOLD IMPROVEMENTS - CHRISTIANA	040123	150DB	15.00	128,106.		128,106.	6,406.	12,170.
13	LEASEHOLD IMPROVEMENTS - MPG	080123	150DB	15.00	260,002.		260,002.	13,000.	24,700.
14	LEASEHOLD IMPROVEMENTS - OFFICE	030123	150DB	15.00	5,940.		5,940.	297.	564.
15	LEASEHOLD IMPROVEMENTS - PROVIDENCE	010123	150DB	15.00	153,419.		153,419.	7,671.	14,575.
16	LEASEHOLD IMPROVEMENTS - SONO	010123	150DB	15.00	122,746.		122,746.	6,138.	11,661.
	* OTHER TOTAL OTHER				670,213.	0.	670,213.	33,512.	63,670.
	* OTHER TOTAL -				670,213.	0.	670,213.	33,512.	63,670.
	* GRAND TOTAL OTHER DEPR				1111564.	0.	1111564.	124,030.	188,158.
	TOTALS FOR NEW JERSEY				1111564.	0.	1111564.	124,030.	188,158.
	VEHICLES - 2021 MERCEDES BENZ								
17	SPRINTER	070123	SL	5.00	59,961.		59,961.	5,996.	11,992.
	VEHICLES - 2022 MERCEDES BENZ								
18	SPRINTER	010123	SL	5.00	66,233.		66,233.	6,624.	13,247.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR STATE - SOLEPLY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
19	VEHICLES - FORD F-650	033123	SL	5.00	127,319.		127,319.	12,732.	25,464.
22	TRUCK (PREVIOUS)	093022	200DB	5.00					0.
	* OTHER TOTAL -				253,513.	0.	253,513.	25,352.	50,703.
	FURNITURE & FIXTURES								
1	FURNITURE & FIXTURES - CHRISTIANA	070323	SL	7.00	3,920.		3,920.	280.	560.
2	FURNITURE & FIXTURES - CHRISTIANA	080823	SL	7.00	10,957.		10,957.	783.	1,565.
3	FURNITURE & FIXTURES - CHRISTIANA	083123	SL	7.00	1,676.		1,676.	120.	239.
4	FURNITURE & FIXTURES - OFFICE	032823	SL	7.00	6,170.		6,170.	441.	881.
5	FURNITURE & FIXTURES - PROVIDENCE	041323	SL	7.00	25,011.		25,011.	1,787.	3,573.
6	FURNITURE & FIXTURES - PROVIDENCE	060823	SL	7.00	3,352.		3,352.	240.	479.
7	FURNITURE & FIXTURES - PROVIDENCE	062323	SL	7.00	14,950.		14,950.	1,068.	2,136.
8	FURNITURE & FIXTURES - PROVIDENCE	070323	SL	7.00	9,735.		9,735.	696.	1,391.
9	FURNITURE & FIXTURES - SONO	020623	SL	7.00	14,438.		14,438.	1,032.	2,063.
10	FURNITURE & FIXTURES - SONO	022723	SL	7.00	4,958.		4,958.	354.	708.
11	FURNITURE & FIXTURES - SONO	041323	SL	7.00	25,011.		25,011.	1,787.	3,573.
20	FURNITURE & FIXTURES (PREVIOUS)	041522	200DB	5.00	64,308.	64,308.			0.
21	FURNITURE & FIXTURES	060823	SL	5.00	3,352.		3,352.	335.	670.
	* OTHER TOTAL FURNITURE AND FIXTURES				441,351.	64,308.	377,043.	34,275.	68,541.
	* OTHER TOTAL -				187,838.	64,308.	123,530.	8,923.	17,838.
12	LEASEHOLD IMPROVEMENTS - CHRISTIANA	040123	SL	15.00	128,106.		128,106.	4,270.	8,540.
13	LEASEHOLD IMPROVEMENTS - MPG	080123	SL	15.00	260,002.		260,002.	8,667.	17,333.
14	LEASEHOLD IMPROVEMENTS - OFFICE	030123	SL	15.00	5,940.		5,940.	198.	396.
15	LEASEHOLD IMPROVEMENTS - PROVIDENCE	010123	SL	15.00	153,419.		153,419.	5,114.	10,228.
16	LEASEHOLD IMPROVEMENTS - SONO	010123	SL	15.00	122,746.		122,746.	4,092.	8,183.
	* OTHER TOTAL OTHER				670,213.	0.	670,213.	22,341.	44,680.
	* OTHER TOTAL -				670,213.	0.	670,213.	22,341.	44,680.
	* GRAND TOTAL OTHER DEPR				1111564.	64,308.	1047256.	56,616.	113,221.
	TOTALS FOR PENNSYLVANIA				1111564.	64,308.	1047256.	56,616.	113,221.
	VEHICLES - 2021 MERCEDES BENZ								
17	SPRINTER	070123	200DB	5.00	59,961.		59,961.	11,992.	19,188.
	VEHICLES - 2022 MERCEDES BENZ								
18	SPRINTER	010123	200DB	5.00	66,233.		66,233.	13,247.	21,194.
19	VEHICLES - FORD F-650	033123	200DB	5.00	127,319.		127,319.	25,464.	40,742.
22	TRUCK (PREVIOUS)	093022	200DB	5.00					0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR STATE -

SOLEPLY

[illegible]

651123

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service

For calendar year 2023, or tax year

2023☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number
85-3898824**B** Partnership's name, address, city, state, and ZIP code**SOLEPLY**
807 DOVER STREET
CHERRY HILL, NJ 08002**C** IRS center where partnership filed return:
E-FILE**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
-2803**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.**DUSTIN BILLOW**
401 SILVER HILL ROAD
CHERRY HILL, NJ 08002**G** ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member**H1** ☒ Domestic partner ☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **INDIVIDUAL****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	51.0000000 %	51.0000000 %
Loss	51.0000000 %	51.0000000 %
Capital	51.0000000 %	51.0000000 %

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.**K1** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 259,360.	\$ 289,535.

K2 Check this box if Item K-1 includes liability amounts from lower-tier partnerships ☐**K3** Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐**L Partner's Capital Account Analysis**

Beginning capital account	\$ 618,243.
Capital contributed during the year	\$ 194,804.
Current year net income (loss)	\$ -270,541.
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$ (72,445.)
Ending capital account	\$ 470,061.

M Did the partner contribute property with a built-in gain (loss)?
☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss) - 263,115.	14 Self-employment earnings (loss) A - 263,115.
2 Net rental real estate income (loss)	C 2,193,978.
3 Other net rental income (loss)	15 Credits
4a Guaranteed payments for services	16 Schedule K-3 is attached if checked <input type="checkbox"/>
4b Guaranteed payments for capital	17 Alternative min tax (AMT) items
4c Total guaranteed payments	
5 Interest income 1.	18 Tax-exempt income and nondeductible expenses
6a Ordinary dividends	C* 7,299.
6b Qualified dividends	
6c Dividend equivalents	19 Distributions A 72,445.
7 Royalties	20 Other information A 1.
8 Net short-term capital gain (loss)	N * 71,195. Z * STMT
9a Net long-term capital gain (loss)	AG * 5,287,417. AJ * STMT
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	21 Foreign taxes paid or accrued
13 Other deductions A 128	
22 <input type="checkbox"/> More than one activity for at-risk purposes*	
23 <input type="checkbox"/> More than one activity for passive activity purposes*	

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	7,299.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		7,299.

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE (INCLUDED IN ORDINARY BUSINESS INCOME (LOSS))	SEE PARTNERS INSTRUCTIONS	71,195.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		71,195.

SCHEDULE K-1 EXCESS BUSINESS LOSS LIMITATION
BOX 20, CODE AJ

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
AGGREGATE BUSINESS ACTIVITY GROSS INCOME OR GAIN	SEE IRS SCH. K-1 INSTRUCTIONS	2,193,978.
AGGREGATE BUSINESS ACTIVITY DEDUCTION	SEE IRS SCH. K-1 INSTRUCTIONS	2,457,093.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z

DESCRIPTION	AMOUNT
TRADE OR BUSINESS -	
ORDINARY INCOME (LOSS)	-263,115.
SELF-EMPLOYMENT EARNINGS (LOSS)	-263,115.
W-2 WAGES	895,897.
UNADJUSTED BASIS OF ASSETS	566,898.

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 20, CODE AG

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
GROSS RECEIPTS - CURRENT YEAR	SEE IRS SCH. K-1 INSTRUCTIONS	5,287,417.
TOTAL TO SCHEDULE K-1, LINE 20 AG		5,287,417.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-263,115.	
INTEREST INCOME	1.	
SCHEDULE K-1 INCOME SUBTOTAL		-263,114.
CHARITABLE CONTRIBUTIONS	-128.	
NONDEDUCTIBLE EXPENSES	-7,299.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-7,427.
NET INCOME (LOSS) PER SCHEDULE K-1		-270,541.

SCHEDULE K-1 SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

651123

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service

For calendar year 2023, or tax year

2023☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number
85-3898824**B** Partnership's name, address, city, state, and ZIP code**SOLEPLY**
807 DOVER STREET
CHERRY HILL, NJ 08002**C** IRS center where partnership filed return:
E-FILE**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
-9460**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.**THOMAS YODER, JR**
807 DOVER STREET
CHERRY HILL, NJ 08002**G** ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member**H1** ☒ Domestic partner ☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **INDIVIDUAL****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	49.0000000 %	49.0000000 %
Loss	49.0000000 %	49.0000000 %
Capital	49.0000000 %	49.0000000 %

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.**K1** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 249,189.	\$ 278,181.

K2 Check this box if Item K-1 includes liability amounts from lower-tier partnerships ☐**K3** Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐**L Partner's Capital Account Analysis**

Beginning capital account	\$ 593,999.
Capital contributed during the year	\$ 191,785.
Current year net income (loss)	\$ -259,931.
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$ (49,723.)
Ending capital account	\$ 476,130.

M Did the partner contribute property with a built-in gain (loss)?
☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss) - 252,797.	14 Self-employment earnings (loss) A - 252,797.
2 Net rental real estate income (loss)	C 2,107,940.
3 Other net rental income (loss)	15 Credits
4a Guaranteed payments for services	16 Schedule K-3 is attached if checked <input type="checkbox"/>
4b Guaranteed payments for capital	17 Alternative min tax (AMT) items
4c Total guaranteed payments	
5 Interest income 1.	18 Tax-exempt income and nondeductible expenses
6a Ordinary dividends	C* 7,012.
6b Qualified dividends	
6c Dividend equivalents	19 Distributions A 49,723.
7 Royalties	20 Other information A 1.
8 Net short-term capital gain (loss)	N * 68,403. Z * STMT
9a Net long-term capital gain (loss)	AG * 5,080,067. AJ * STMT
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	21 Foreign taxes paid or accrued
13 Other deductions A 123	
22 <input type="checkbox"/> More than one activity for at-risk purposes*	
23 <input type="checkbox"/> More than one activity for passive activity purposes*	

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	7,012.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		7,012.

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE (INCLUDED IN ORDINARY BUSINESS INCOME (LOSS))	SEE PARTNERS INSTRUCTIONS	68,403.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		68,403.

SCHEDULE K-1 EXCESS BUSINESS LOSS LIMITATION
BOX 20, CODE AJ

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
AGGREGATE BUSINESS ACTIVITY GROSS INCOME OR GAIN	SEE IRS SCH. K-1 INSTRUCTIONS	2,107,940.
AGGREGATE BUSINESS ACTIVITY DEDUCTION	SEE IRS SCH. K-1 INSTRUCTIONS	2,360,737.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z

DESCRIPTION	AMOUNT
TRADE OR BUSINESS -	
ORDINARY INCOME (LOSS)	-252,797.
SELF-EMPLOYMENT EARNINGS(LOSS)	-252,797.
W-2 WAGES	860,765.
UNADJUSTED BASIS OF ASSETS	544,666.

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 20, CODE AG

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
GROSS RECEIPTS - CURRENT YEAR	SEE IRS SCH. K-1 INSTRUCTIONS	5,080,067.
TOTAL TO SCHEDULE K-1, LINE 20 AG		5,080,067.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-252,797.	
INTEREST INCOME	1.	
SCHEDULE K-1 INCOME SUBTOTAL		-252,796.
CHARITABLE CONTRIBUTIONS	-123.	
NONDEDUCTIBLE EXPENSES	-7,012.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-7,135.
NET INCOME (LOSS) PER SCHEDULE K-1		-259,931.

SCHEDULE K-1 SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

2023



Form CT-1065/CT-1120SI EXT

Application for Extension of Time to File
Connecticut Pass-Through Entity Tax Return
(Rev. 12/23)

10651120SIEXT1223V011019

SOLEPLY

▶ 853898824

807 DOVER STREET

▶

CHERRY HILL

NJ 08002 -

☐ Limited liability partnership (LLP) ☐ Limited partnership (LP) ☒ General partnership (GP)

☐ S corporation ☐ Partnership (LLC treated as a partnership)

I request a six-month extension of time to September 15, 2024, to file Form CT-1065/CT-1120SI, Connecticut Pass-Through Entity Tax Return, and the same extension of time to furnish Schedule CT K-1, Member's Share of Certain Connecticut Items, to members for calendar year 2023, or until for taxable year ending ▶

☒ A federal extension has been requested on federal Form 7004, Application for an Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns, for calendar year 2023 or taxable year beginning (MMDDYYYY) and ending (MMDDYYYY). If a federal extension has not been filed, explain why you are requesting the Connecticut extension:

Notification will be sent only if the extension request is denied.

- | | | | |
|----|---|------|------|
| 1. | 2023 tax liability: You may estimate this amount. An amount must be entered on Line 1.
If no tax is due, enter zero "0." | 1. | 0 |
| 2. | Estimated payments made during taxable year and overpayment applied from prior year | 2. | 0 |
| 3. | Amount due with this form. Subtract Line 2 from Line 1. If less than zero, enter zero "0." | ▶ 3. | 0.00 |

Declaration: I declare under the penalty of law that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature of general partner or corporate officer

Date

General partner or corporate officer's title

Telephone number
8568301600

Paid preparer's name
LEE SHEILDS

Paid preparer's signature

Date
04012024

Preparer's SSN or PTIN
P00028346

Firm's name, address, and ZIP code
MARCUM LLP
601 ROUTE 73 NORTH SUITE 400
MARLTON NJ 08053

Firm's FEIN
111986323

Telephone number
8568301600

Self-employed ☒ N

10651120SIEXT1223V011019

Form CT-1065/CT-1120SI EXT Required Fields

Do not send this sheet with your application.

Form CT-1065/CT-1120SI EXT is required to be electronically filed.

Only taxpayers that receive a waiver from electronic filing from DRS may file a paper version of this form. To request a waiver from the electronic filing requirement taxpayers must visit **www.ct.gov/drs/TSCfiling** and complete **Form DRS-EWVR**, *Electronic Filing and Payment Waiver Request*.

Checklist for filing your Connecticut application for extension of time to file Connecticut income tax return:

1. You **MUST** have applied for AND received a waiver from electronic filing from DRS.
2. Be sure that the application is not printed on the back of this sheet.
3. Verify that the address lines on the application are correct and proper abbreviations are used.
4. Do not attempt to remove or modify the solid boxes that print out on your application. Altering target marks may affect the processing of your application.
5. Do not send "Draft" or "Unapproved" versions of your application. This will delay or stop the processing of your application.
6. Do not make manual (hand written or typed) corrections to your application; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the application.
7. Do not use this application to change or amend previously filed returns.
8. Make check payable to: **Commissioner of Revenue Services**
9. To ensure proper posting, write your FEIN or Connecticut Tax Registration Number (optional) and **"2023 Form CT-1065/CT-1120SI EXT"** on your check.
10. To mail your coupon, use the following address:
Forms **with payment**, mail to:
Department of Revenue Services
PO Box 5019
Hartford CT 06104-5019

Forms **without payment**:
Department of Revenue Services
PO Box 2967
Hartford CT 06115-2967
11. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the application.

Do not send this sheet with your application.

Do Not File - Do Not File

Form CT-1065/CT-1120SI ES

Do not send this sheet with your coupon.

Checklist for filing your Estimated Connecticut Pass-Through Entity Tax Coupon:

1. Be sure that the coupon is not printed on the back of this sheet.
2. Verify that the address lines on the coupon are correct and proper abbreviations are used.
3. Do not attempt to remove or modify the solid boxes that print out on your coupon. Altering target marks may affect the processing of your coupon.
4. Do not send "Draft" or "Unapproved" versions of your coupon. This will delay or stop the processing of your payment.
5. Do not make manual (hand written or typed) corrections to your coupon; this is a machine readable coupon. Changes may only be made by reentering information in your software and re-printing the coupon.
6. Do not use this coupon to change or amend previously filed returns.
7. Make check payable to: Commissioner of Revenue Services
8. To ensure proper posting, write your SSN(s) (optional) and "2024 Form CT-1065/CT-1120SI ES" on your check.
9. To mail your coupon, use the following addresses:
Department of Revenue Services
PO Box 2965
Hartford CT 06104-2965
10. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the coupon.

Do not send this sheet with your coupon.

Do Not File - Do Not File

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Form CT-1065/CT-1120SI 2023

Connecticut Pass-Through Entity Tax Return

(Rev. 12/23)

Income year beginning ▶ 01012023 and ending ▶ 12312023

▶ SOLEPLY ▶ 853898824

▶ 807 DOVER STREET ▶

▶ CHERRY HILL ▶ NJ ▶ 08002 -

Type of PE

▶ N LLP ▶ N LP ▶ Y GP ▶ N S corp ▶ N Partnership

Pass-Through Entity Information

A. Return type: ▶ N Final (out of business in CT) ▶ N Short period ▶ N Amended

B. Reason for amended return: ▶ N IRS adjustments/amended federal return. Final determination date : ▶

▶ N Other: Specify

C. Business Code Number: ▶ 458210

D. (a) Did PE transfer a controlling interest in entity that owns, directly or indirectly, CT real property? ▶ N

Entity name:

FEIN

(b) If PE directly or indirectly owns CT real property, was a controlling interest of this PE transferred? ▶ N

Transferor name:

FEIN/SSN

(c) If **Yes** to either (a) or (b), enter Transferee(s) name: and attach a list of addresses for all Connecticut real property transferred.

Date of transfer

Filing Basis Required. Select one.

▶ Y **Standard Basis (default).** Complete Form CT-1065/CT-1120SI.

▶ N **Alternative Basis (election).** Complete Form CT-1065/CT-1120SI and attach Schedule CT-AB, Alternative Base Calculation.

Combined Election Optional.

▶ N PE elects to calculate its tax as a combined group with other commonly-owned PEs.

If combined election is made, select one of the following:

▶ N PE is the Designated Combined Reporting PE. Complete Schedule CT-CE, Combined Election.

On Part I, Schedule A, Line 1, enter the amount from Schedule CT-CE, Section 1, Line 9, Column C

▶ N PE's income is reported on Schedule CT-CE filed by the Designated Combined Reporting PE listed below.

Complete this return, except enter zero ("0") on Part I, Schedule A, Line 1.

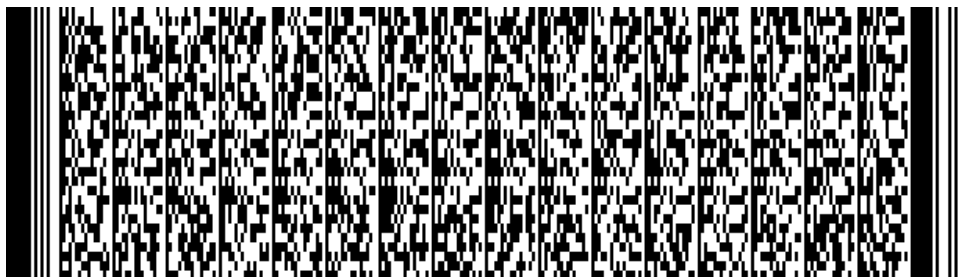
Designated Combined Reporting PE's name: ▶

Designated Combined Reporting PE's FEIN: ▶

Each PE must file its own return and select the same filing base (standard or alternative) as the other members of the combined group.

Nonresident Composite Income Tax Remittance Election Optional.

▶ N PE elects to remit income tax on behalf of its nonresident members. If election is made, complete Form CT-1065/CT-1120SI and attach Schedule CT-NR, Elective Composite Income Tax Remittance Calculation. By checking this box, the PE agrees to the terms and conditions as set forth in Schedule CT-NR.



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Part I, Schedule A - Computation of Amount Due

1. PE Income/(Loss) Subject to Tax Standard Base Filers: Enter amount from Part I, Schedule B, Line 20, Column D. Alternative Base Filers: Enter the amount from Schedule CT-AB, Section 1, Line 5. Combined Filers: See instructions.	1. ▶	26540
2a. PE Tax due: Multiply Line 1 by 6.99% (.0699). If Line 1 is zero or less, enter zero ("0").	2a. ▶	1855
2b. Elective Composite Income Tax Remittance from Schedule CT-NR, Line 22 (if applicable).	2b. ▶	0
2. Total tax due: Add Line 2a and Line 2b.	2. ▶	1855
3. Business tax credits	3. ▶	0
4. Balance of tax payable: Subtract Line 3 from Line 2. If zero or less, enter zero ("0").	4. ▶	1855
5a. 2023 estimated payments	5a. ▶	0
5b. Payment made with Form CT-1065/CT-1120SI EXT	5b. ▶	0
5c. Overpayment from prior year applied to 2023	5c. ▶	0
5. Tax payments: Enter the total of Lines 5a, 5b, and 5c.	5. ▶	0
6. Balance due/(overpaid): Subtract Line 5 from Line 4.	6. ▶	1855
7a. If late, enter penalty.	7a. ▶	0
7b. If late, enter interest. Multiply the amount on Line 4 by 1% (.01). Multiply the result by the number of months or fraction of a month late.	7b. ▶	0
7c. Interest on underpayment of estimated tax	7c. ▶	0
7d. If annualizing estimated payments, check here:	7d. ▶ N	
7. Total penalty and interest: Enter the total of Lines 7a, 7b and 7c.	7. ▶	0
8a. Amount to be applied to 2024 estimated PE Tax	8a. ▶	0
8b. Amount to be refunded	8b. ▶	0
For faster refund, use Direct Deposit by completing Lines 8c, 8d, and 8e.		
8c. Acct. type: ▶ Ck ▶ Sv 8d. Rout. # ▶	8e. Acct. # ▶	
8f. Will this refund go to a bank account outside the U.S.?	8f. ▶ N	
8. Total to be credited or refunded: Enter the total of Line 8a and Line 8b.	8. ▶	0
9. Total amount due: Add Line 6 and Line 7.	9. ▶	1855.00

DECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature of general partner or corporate officer

Date

Title

GENERAL PARTNER

Telephone number

8568301600

DRS may contact the preparer shown below about this return.

Y

Email of general partner or corporate officer

Paid preparer's name

LEE SHEILDS

Paid preparer's signature

Date

04012024 ▶

Preparer's SSN or PTIN

P00028346

Firm's name, address, and ZIP code

MARCUM LLP

Self-employed

Firm's FEIN

N 111986323

Telephone number

8568301600

601 ROUTE 73 NORTH, SUITE 400 MARLTON, N

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**Part 1, Schedule B -
Computation of PE's
Own Connecticut
Source Income/(Loss)**

		Column A Amounts Reported by this PE on Federal Schedule K	Column B Amounts From Subsidiary PE(s)	Column C PE's Income/(Loss) From Its Own Activities (Column A minus Column B)	Column D PE's Connecticut Source Income/(Loss) From Its Own Activities (Apportioned or allocated from Column C)
1. Ordinary business income (loss)	1. ▶	-515912	▶ 0	-515912	▶ -42537
2. Net rental real estate income (loss)	2. ▶	0	▶ 0	0	▶ 0
3. Other net rental income (loss)	3. ▶	0	▶ 0	0	▶ 0
4. Guaranteed payments	4. ▶	0	▶ 0	0	▶ 0
5. Interest income	5. ▶	2	▶ 0	2	▶ 0
6a. Ordinary dividends	6a. ▶	0	▶ 0	0	▶ 0
7. Royalties	7. ▶	0	▶ 0	0	▶ 0
8. Net short-term capital gain (loss)	8. ▶	0	▶ 0	0	▶ 0
9. Net long-term capital gain (loss)	9a. ▶	0	▶ 0	0	▶ 0
10. Net section 1231 gain (loss)	10. ▶	0	▶ 0	0	▶ 0
11. Other income (loss): Attach statement.	11. ▶	0	▶ 0	0	▶ 0
11a. Subtotal: Add Lines 1 through 11.	11a. ▶	-515910	▶ 0	-515910	▶ -42537
12. Section 179 deduction	12. ▶	0	▶ 0	0	▶ 0
13. Other deductions: Attach statement.	13. ▶	0	▶ 0	0	▶ 0
13a. Subtotal: Add Line 12 and Line 13.	13a. ▶	0	▶ 0	0	▶ 0
14. Total: Subtract Line 13a from Line 11a.	14. ▶	-515910	▶ 0	-515910	▶ -42537
15. Subtractions from Part 1, Schedule C, Line 12a	15. ▶	0	▶ 0	0	▶ 0
16. Subtotal: Subtract Line 15 from Line 14.	16. ▶	-515910	▶ 0	-515910	▶ -42537
17a. CT PE tax payments deducted	17a. ▶	0	▶ 0	0	▶ 0
17b. Additions from Part 1, Schedule C, Line 6a	17b. ▶	837806	▶ 0	837806	▶ 69077
18. Subtotal: Add Lines 16, 17a, and 17b.	18. ▶	321896	▶ 0	321896	▶ 26540
19. Net operating loss. Enter as a positive number.	19. ▶				0
20. Total: Enter the amount from Line 18 for Columns A, B, and C. Subtract Line 19 from Line 18 for Column D.	20. ▶	321896	▶ 0	321896	▶ 26540

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Part 1 Schedule C - PE's Connecticut Modifications

		Column A Total Modifications		Column B Modifications Reported on Schedule CT K-1s from Subsidiary PE(s)		Column C PE's Net Modifications (Column A minus Column B)		Column D PE's Connecticut Source Net Modifications (Apportioned or allocated from Column C)
1. Interest on state and local government obligations other than Connecticut	1. ▶	0	▶	0		0	▶	0
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2. ▶	0	▶	0		0	▶	0
3. Certain deductions relating to income exempt from Connecticut income tax	3. ▶	0	▶	0		0	▶	0
4. Section 168(k) fed. bonus depreciation allowed for property placed in service during this year	4. ▶	837806	▶	0		837806	▶	69077
5. 80% of Section 179 deduction	5. ▶	0	▶	0		0	▶	0
6. Other: Attach statement.	6. ▶	0	▶	0		0	▶	0
6a. Total additions: Add Lines 1 through 6.	6a. ▶	837806	▶	0		837806	▶	69077
7. Interest on U.S. government obligations	7. ▶	0	▶	0		0	▶	0
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8. ▶	0	▶	0		0	▶	0
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9. ▶	0	▶	0		0	▶	0
10. 25% of Section 168(k) fed. bonus depreciation added back in preceding four years	10. ▶	0	▶	0		0	▶	0
11. 25% of Section 179 fed. deduction added back in preceding four years	11. ▶	0	▶	0		0	▶	0
11a. Ordinary and necessary business expenses for taxpayers licensed under Ch. 420f or 420h that are not claimed for federal income tax purposes	11a. ▶	0	▶	0		0	▶	0
12. Other: Attach statement.	12. ▶	0	▶	0		0	▶	0
12a. Total subtractions: Add Lines 7 through 12.	12a. ▶	0	▶	0		0	▶	0

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Part 1 Schedule D - Subsidiary PE Information (Attach supplemental attachment(s), if needed.)

Name of Subsidiary PE	FEIN	Column A Amount Reported on Federal K-1	Column B Amount From Connecticut Sources	Column C PE Tax Credit Reported on Schedule CT K-1, Part 3, Line 1
1. ▶	▶	▶ 0	▶ 0	▶ 0
2. ▶	▶	▶ 0	▶ 0	▶ 0
3. ▶	▶	▶ 0	▶ 0	▶ 0
4. ▶	▶	▶ 0	▶ 0	▶ 0
5. ▶	▶	▶ 0	▶ 0	▶ 0
6. Subtotal(s) from supplemental attachment(s)	▶	▶ 0	▶ 0	▶ 0
7. Total: Add Lines 1 through 6.	▶	▶ 0	▶ 0	▶ 0

Part 2 - Allocation and Apportionment of Income

If the PE carries on business only within Connecticut, enter 1.0000 (100%) on Line 8 and leave the other lines blank.

	Column A Connecticut	Column B Everywhere
1. Gross receipts from sale of tangible property	1. ▶ 911264	▶ 11052382
2. Gross receipts from services	2. ▶ 0	▶ 0
3. Gross receipts from rental, lease, license of tangible property	3. ▶ 0	▶ 0
4. Gross receipts from rental, lease, license of intangible property	4. ▶ 0	▶ 0
5. Gross receipts from sale of intangible property	5. ▶ 0	▶ 0
6. Other receipts	6. ▶ 0	▶ 0
7. Total: Total of Lines 1 through 6, in Column A and Column B.	7. ▶ 911264	▶ 11052382
8. Apportionment fraction: Divide Line 7, Column A, by Line 7, Column B, and carry to six decimal places.		8. ▶ 0.082450

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Part 3 - Member Information (Attach supplemental attachment(s), if needed.)

Member number Member type code Member FEIN or SSN
▶ 1 ▶ NI ▶ 141062803
Name
▶ DUSTIN BILLOW
Street address
▶ 401 SILVER HILL ROAD
City/town State ZIP code
▶ CHERRY HILL ▶ NJ ▶ 08002

Distributive Share % Capital Ownership %
Entered as a decimal. Entered as a decimal.
▶ +0.509985 ▶ 0.510000

Member number Member type code Member FEIN or SSN
▶ 2 ▶ NI ▶ 135089460
Name
▶ THOMAS YODER, JR
Street address
▶ 807 DOVER STREET
City/town State ZIP code
▶ CHERRY HILL ▶ NJ ▶ 08002

Distributive Share % Capital Ownership %
Entered as a decimal. Entered as a decimal.
▶ +0.490015 ▶ 0.490000

Member number Member type code Member FEIN or SSN
▶ ▶ ▶
Name
▶
Street address
▶
City/town State ZIP code
▶ ▶ ▶

Distributive Share % Capital Ownership %
Entered as a decimal. Entered as a decimal.
▶ ▶

Part 4 - PE's Total Connecticut Source Income/(Loss)

	Column A Connecticut Source Portion of PE Income/(Loss) From PE's Own Activities	Column B Connecticut Source Portion of Subsidiary PE Income/(Loss)	Column C PE's Total Connecticut Source Income/(Loss) (Column A plus Column B)
1. Ordinary business income (loss)	1. 26540	0	26540
2. Net rental real estate income (loss)	2. 0	0	0
3. Other net rental income (loss)	3. 0	0	0
4. Guaranteed payments	4. 0	0	0
5. Interest income	5. 0	0	0
6a. Ordinary dividends	6a. 0	0	0
7. Royalties	7. 0	0	0
8. Net short-term capital gain (loss)	8. 0	0	0
9a. Net long-term capital gain (loss)	9a. 0	0	0
10. Net section 1231 gain (loss)	10. 0	0	0
11. Other income (loss): Attach statement.	11. 0	0	0
12. Section 179 deduction	12. 0	0	0
13. Other deductions: Attach statement.	13. 0	0	0

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Part 5 - Member's Total Share of Connecticut Modifications (Attach supplemental attachment(s), if needed.)

	Member number	Member number	Member number	Member number
Additions:	1	2		
1. Interest on state and local government obligations other than Connecticut	1. ▶ 0	▶ 0	▶ 0	▶ 0
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2. ▶ 0	▶ 0	▶ 0	▶ 0
3. Certain deductions relating to income exempt from Connecticut income tax	3. ▶ 0	▶ 0	▶ 0	▶ 0
4. Section 168(k) federal bonus depreciation allowed for property placed in service during the year	4. ▶ 427281	▶ 410525	▶ 0	▶ 0
5. 80% of Section 179 fed. deduction	5. ▶ 0	▶ 0	▶ 0	▶ 0
6. Other Specify:	6. ▶ 0	▶ 0	▶ 0	▶ 0

Subtractions:

7. Interest on U.S. government obligations	7. ▶ 0	▶ 0	▶ 0	▶ 0
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8. ▶ 0	▶ 0	▶ 0	▶ 0
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9. ▶ 0	▶ 0	▶ 0	▶ 0
10. 25 % of Section 168(k) federal bonus depreciation added back in preceding four years	10. ▶ 0	▶ 0	▶ 0	▶ 0
11. 25% of Section 179 federal deduction added back in preceding four years	11. ▶ 0	▶ 0	▶ 0	▶ 0
11a. Ordinary and necessary business expenses for taxpayers licensed under Ch. 420f or 420h that are not claimed for federal income tax purposes	11a. ▶ 0	▶ 0	▶ 0	▶ 0
12. Other Specify:	12. ▶ 0	▶ 0	▶ 0	▶ 0

Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

13. Member's portion of Connecticut PE tax payments deducted in calculating income/(loss) for federal purposes: Enter the member's distributive share of the amount reported on Part 1, Schedule B, Line 17a, Column A	13. ▶ 0	▶ 0	▶ 0	▶ 0
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Part 6 - Member's Total Connecticut Source Income/(Loss) (Attach supplemental attachment(s), if needed.)
Enter member's distributive share of Connecticut source items from Part 4, Column C.

	Member number	Member number	Member number	Member number
	1	2		
1. Ordinary business income (loss)	1. ▶ 13535	▶ 13005	▶ 0	▶ 0
2. Net rental real estate income (loss)	2. ▶ 0	▶ 0	▶ 0	▶ 0
3. Other net rental income (loss)	3. ▶ 0	▶ 0	▶ 0	▶ 0
4. Guaranteed payments	4. ▶ 0	▶ 0	▶ 0	▶ 0
5. Interest income	5. ▶ 0	▶ 0	▶ 0	▶ 0
6a. Ordinary dividends	6a. ▶ 0	▶ 0	▶ 0	▶ 0
7. Royalties	7. ▶ 0	▶ 0	▶ 0	▶ 0
8. Net short-term capital gain (loss)	8. ▶ 0	▶ 0	▶ 0	▶ 0
9a. Net long-term capital gain (loss)	9a. ▶ 0	▶ 0	▶ 0	▶ 0
10. Net section 1231 gain (loss)	10. ▶ 0	▶ 0	▶ 0	▶ 0
11. Other income (loss): Attach statement.	11. ▶ 0	▶ 0	▶ 0	▶ 0
12. Section 179 deduction	12. ▶ 0	▶ 0	▶ 0	▶ 0
13. Other deductions: Attach statement.	13. ▶ 0	▶ 0	▶ 0	▶ 0

Part 7 - Connecticut Income Tax Credit Summary (Attach supplemental attachment(s), if needed.)

	Member number	Member number	Member number	Member number
	1	2		
1. <i>Reserved for future use.</i>	1.			
2. <i>Reserved for future use.</i>	2.			
3. Angel investor tax credit	3. ▶ 0	▶ 0	▶ 0	▶ 0
4. <i>Reserved for future use</i>	4.			
5. Total credits: Total of Lines 1 through 4.	5. ▶ 0	▶ 0	▶ 0	▶ 0

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Do not complete Part 8 or Part 9 if the PE has made the election to calculate its tax as a combined group on Page 1.

Part 8 - Direct PE Tax Credit Calculation.

1. Enter the amount of tax from Part 1, Schedule A, Line 2a. 1. 1855
2. Total Direct PE Tax Credit Available to Members: Multiply Line 1 by 87.5% (.875).
If Line 1 is zero, enter zero ("0"). 2. ► 1623

Part 9 - Allocation of PE Tax Credit to Members. (Attach supplemental attachment(s), if needed.)

Column A Member number		Column B Direct PE Tax Credit		Column C Indirect PE Tax Credit From Subsidiary PE(s)	Column D Total PE Tax Credit (Column B plus Column C)
1.	► 1	1.	828	0	► 828
2.	► 2	2.	795	0	► 795
3.	► 0	3.	0	0	► 0
4.	► 0	4.	0	0	► 0
5.	► 0	5.	0	0	► 0
6.	► 0	6.	0	0	► 0
7.	► 0	7.	0	0	► 0
8.	► 0	8.	0	0	► 0
9.	► 0	9.	0	0	► 0
10. Subtotal(s) from supplemental attachments(s)		10. ►	0	► 0	► 0
11. Total		11. ►	1623	► 0	► 1623

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Form CT-1065/1120SI

Do not send this sheet with your return.

Checklist for filing your Connecticut Pass-Through Entity Tax Return:

1. Be sure that the return is not printed on the back of this sheet.
2. Verify that the address lines are correct and proper abbreviations are used.
3. Do not attempt to remove or modify the solid boxes that print out. Altering target marks may affect the processing of your return.
4. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
5. **Do not make manual (hand written or typed) corrections; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.**
6. Make check payable to: **Commissioner of Revenue Services**
7. To ensure proper posting, write your FEIN (optional) and **"2023 Form CT-1065/CT-1120SI"** on your check.
8. File amended returns and returns where an electronic filing waiver has been granted to the corresponding address listed below.

Mail paper return **with payment** to:
Department of Revenue Services
State of Connecticut
PO Box 5019
Hartford CT 06102-5019

Mail paper return **without payment** to:
Department of Revenue Services
State of Connecticut
PO Box 2967
Hartford CT 06104-2967

9. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

Do not send this sheet with your return.

Do Not File - Do Not File

Department of Revenue Services
State of Connecticut
(Rev. 12/23)

Schedule CT K-1
Member's Share of Certain Connecticut Items

2023

Complete in blue or black ink only.

For calendar year 2023 or other taxable year beginning _____, 2023, and ending _____.

Pass-through entity (PE) information			Member information		
Federal Employer ID Number (FEIN) 85-3898824	CT Tax Registration Number	Member's Social Security Number (SSN) or FEIN [REDACTED]-2803	<input checked="" type="checkbox"/> SSN	<input type="checkbox"/> FEIN	
Name SOLEPLY			Name DUSTIN BILLOW		
Number and street address PO Box 807 DOVER STREET			Number and street address PO Box 401 SILVER HILL ROAD		
City or town State ZIP code CHERRY HILL, NJ 08002			City or town State ZIP code CHERRY HILL, NJ 08002		
Check the box if this is an amended or a final Schedule CT K-1. <input type="checkbox"/> Amended Schedule CT K-1 <input type="checkbox"/> Final Schedule CT K-1 <input type="checkbox"/> PE filed as part of a combined PE Tax return . <input type="checkbox"/> PE filed Schedule CT-NR, Elective Composite Income Tax <i>Remittance Calculation.</i> If either box is checked, see instructions.			Type of member (check one): <input type="checkbox"/> RI <input type="checkbox"/> RE <input type="checkbox"/> RT <input type="checkbox"/> PE <input checked="" type="checkbox"/> NI <input type="checkbox"/> NE <input type="checkbox"/> NT <input type="checkbox"/> CM		

Part 1 - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut	1.		00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.		00
3. Certain deductions relating to income exempt from Connecticut income tax	3.		00
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year	4.	427,281	00
5. 80% of Section 179 federal deduction	5.		00
6. Other - specify	6.		00

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations	7.		00
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8.		00
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9.		00
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years	10.		00
11. 25% of Section 179 federal deduction added back in preceding four years	11.		00
11a. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes	11a.		00
12. Other - specify	12.		00

Part 2 - Total Connecticut Source Income/(Loss)**Column A**

From Federal Schedule K-1

Column B

From Form CT-1065/CT-1120SI, Part 6

1. Ordinary business income (loss)	1.	-263,115	00	13,535	00
2. Net rental real estate income (loss)	2.		00		00
3. Other net rental income (loss)	3.		00		00
4. Guaranteed payments	4.		00		00
5. Interest income	5.	1	00		00
6a. Ordinary dividends	6a.		00		00
7. Royalties	7.		00		00
8. Net short-term capital gain (loss)	8.		00		00
9a. Net long-term capital gain (loss)	9a.		00		00
10. Net section 1231 gain (loss)	10.		00		00
11. Other income (loss): Attach statement	11.		00		00
12. Section 179 deduction	12.		00		00
13. Other deductions: Attach statement	13.	128	00		00

Part 3 - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit	1.	828	00
---	----	-----	----

Individuals, trusts, and estates: Report this amount on **Schedule CT-PE, Pass-Through Entity Tax Credit**.

C corporations: Report this amount on **Form CT-1120PE, Pass-Through Entity Tax Credit**.

Parent PE members: Report this amount on Form CT-1065/CT-1120SI, Part 1, *Schedule D*, Column C. Do not claim this as a payment on Form CT-1065/CT-1120SI, Part 1, *Schedule A*.

Part 4 - Elective Composite Income Tax Information

1. Composite Income Tax payment made by PE on behalf of nonresident individual (NI) member	1.		00
--	----	--	----

Nonresident individuals: Report this amount on **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident Income Tax Return**, on one of the lines for income tax withheld (Lines 20a through 20e). See instructions.

Part 5 - Connecticut Income Tax Credit Summary

		2023 Total credit earned by member in 2023 (from Form CT-1065/CT-1120SI, Part 7)	
1. <i>Reserved for future use.</i>	1.		
2. <i>Reserved for future use.</i>	2.		
3. Angel investor tax credit	3.		00
4. <i>Reserved for future use.</i>	4.		
5. Total credits: Add Lines 1 through 4.	5.		00

Part 6 - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes	1.		00
---	----	--	----

Part 6 is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part 3.

Department of Revenue Services
State of Connecticut
(Rev. 12/23)

Schedule CT K-1
Member's Share of Certain Connecticut Items

2023

Complete in blue or black ink only.

For calendar year 2023 or other taxable year beginning _____, 2023, and ending _____.

Pass-through entity (PE) information			Member information		
Federal Employer ID Number (FEIN) 85-3898824	CT Tax Registration Number		Member's Social Security Number (SSN) or FEIN <input checked="" type="checkbox"/> SSN <input type="checkbox"/> FEIN -9460		
Name SOLEPLY			Name THOMAS YODER, JR		
Number and street address PO Box 807 DOVER STREET			Number and street address PO Box 807 DOVER STREET		
City or town State ZIP code CHERRY HILL, NJ 08002			City or town State ZIP code CHERRY HILL, NJ 08002		
Check the box if this is an amended or a final Schedule CT K-1. <input type="checkbox"/> Amended Schedule CT K-1 <input type="checkbox"/> Final Schedule CT K-1 <input type="checkbox"/> PE filed as part of a combined PE Tax return . <input type="checkbox"/> PE filed Schedule CT-NR, Elective Composite Income Tax <i>Remittance Calculation.</i> If either box is checked, see instructions.			Type of member (check one): <input type="checkbox"/> RI <input type="checkbox"/> RE <input type="checkbox"/> RT <input type="checkbox"/> PE <input checked="" type="checkbox"/> NI <input type="checkbox"/> NE <input type="checkbox"/> NT <input type="checkbox"/> CM		

Part 1 - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut	1.		00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.		00
3. Certain deductions relating to income exempt from Connecticut income tax	3.		00
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year	4.	410,525	00
5. 80% of Section 179 federal deduction	5.		00
6. Other - specify	6.		00

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations	7.		00
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8.		00
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9.		00
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years	10.		00
11. 25% of Section 179 federal deduction added back in preceding four years	11.		00
11a. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes	11a.		00
12. Other - specify	12.		00

Part 2 - Total Connecticut Source Income/(Loss)**Column A**

From Federal Schedule K-1

Column B

From Form CT-1065/CT-1120SI, Part 6

1. Ordinary business income (loss)	1.	-252,797	00	13,005	00
2. Net rental real estate income (loss)	2.		00		00
3. Other net rental income (loss)	3.		00		00
4. Guaranteed payments	4.		00		00
5. Interest income	5.	1	00		00
6a. Ordinary dividends	6a.		00		00
7. Royalties	7.		00		00
8. Net short-term capital gain (loss)	8.		00		00
9a. Net long-term capital gain (loss)	9a.		00		00
10. Net section 1231 gain (loss)	10.		00		00
11. Other income (loss): Attach statement	11.		00		00
12. Section 179 deduction	12.		00		00
13. Other deductions: Attach statement	13.	123	00		00

Part 3 - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit	1.	795	00
---	----	-----	----

Individuals, trusts, and estates: Report this amount on **Schedule CT-PE, Pass-Through Entity Tax Credit**.

C corporations: Report this amount on **Form CT-1120PE, Pass-Through Entity Tax Credit**.

Parent PE members: Report this amount on Form CT-1065/CT-1120SI, Part 1, *Schedule D*, Column C. Do not claim this as a payment on Form CT-1065/CT-1120SI, Part 1, *Schedule A*.

Part 4 - Elective Composite Income Tax Information

1. Composite Income Tax payment made by PE on behalf of nonresident individual (NI) member	1.		00
--	----	--	----

Nonresident individuals: Report this amount on **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident Income Tax Return**, on one of the lines for income tax withheld (Lines 20a through 20e). See instructions.

Part 5 - Connecticut Income Tax Credit Summary

		2023 Total credit earned by member in 2023 (from Form CT-1065/CT-1120SI, Part 7)	
1. <i>Reserved for future use.</i>	1.		
2. <i>Reserved for future use.</i>	2.		
3. Angel investor tax credit	3.		00
4. <i>Reserved for future use.</i>	4.		
5. Total credits: Add Lines 1 through 4.	5.		00

Part 6 - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes	1.		00
---	----	--	----

Part 6 is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part 3.

Form **7004**
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

► **File a separate application for each return.**
► **Go to www.irs.gov/Form7004 for instructions and the latest information.**

**Print
or
Type**

Name

SOLEPLY

Identifying number

85-3898824

Number, street, and room or suite no. (If P.O. box, see instructions.)

807 DOVER STREET

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

CHERRY HILL, NJ 08002

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for **09**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5a** The application is for calendar year **2023**, or tax year beginning _____, and ending _____
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation.)

6 Tentative total tax	6	0.
7 Total payments and credits. See instructions	7	
8 Balance due. Subtract line 7 from line 6. See instructions	8	

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
KANSAS CITY, MO 64999-0019

D E L A W A R E 2 0 2 3

DIVISION OF REVENUE F O R M PRT-RTN

PARTNERSHIP RETURN FORMERLY 300



For Fiscal year beginning 01 01 23 and ending 12 31 23

Legal Partnership Name

SOLEPLY

Taxpayer ID

8 5 3 8 9 8 8 2 4

Street Address

807 DOVER STREET

Nature of Business (See instructions)

City

CHERRY HILL

State ZIP Code

NJ 08002

458210

- A.** Check Applicable Box(es):
- | Amended Return
If address changed, check applicable box(es): | Change of Address
Location | Mailing | Billing |
|---|-------------------------------|---|--|
| DID THE PARTNERSHIP HAVE INCOME DERIVED FROM OR CONNECTED WITH SOURCES IN DELAWARE? | | <input checked="" type="checkbox"/> Yes | No |
| DID THE PARTNERSHIP HAVE DELAWARE RESIDENT PARTNERS? | | Yes | <input checked="" type="checkbox"/> No |
| NUMBER OF DELAWARE RESIDENT PARTNERS | | | |
| C. TOTAL NUMBER OF PARTNERS | | | 2 |
| D. YEAR PARTNERSHIP FORMED | | | 2021 |

SCHEDULE 1 - PARTNERSHIP SHARE OF INCOME AND DEDUCTIONS WITHIN AND WITHOUT DELAWARE

- | | | |
|--|----|-------------|
| 1. ORDINARY INCOME (LOSS) (Federal Form 1065, Schedule K, Line 1) | 1. | -515912 .00 |
| 2. APPORTIONMENT PERCENTAGE (Delaware Form PRT-RTN, Schedule 2, Line 16) | 2. | 10.5000 |
| 3. ORDINARY INCOME APPORTIONED TO DELAWARE - Multiply Line 1 by Line 2 | 3. | -54171 .00 |

		COLUMN A Total	COLUMN B Within Delaware
4. ENTER in Column A the Amount from Line 1 and in Column B the Amount from Line 3	4.	-515912 .00	-54171 .00
5. NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES, (Federal Form 1065, Schedule K, Line 2)	5.	.00	.00
6. NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES, (Federal Form 1065, Schedule K, Line 3c)	6.	.00	.00
7. GUARANTEED PAYMENTS (Federal Form 1065, Schedule K, Line 4c)	7.	.00	.00
8. INTEREST INCOME (Federal Form 1065, Schedule K, Line 5)	8.	2 .00	0 .00
9. DIVIDEND INCOME (Federal Form 1065, Schedule K, Line 6a)	9.	.00	.00
10. ROYALTY INCOME (Federal Form 1065, Schedule K, Line 7)	10.	.00	.00
11. NET SHORT TERM CAPITAL GAIN (LOSS) (Federal Form 1065, Schedule K, Line 8)	11.	.00	.00
12a. NET LONG TERM CAPITAL GAIN (LOSS) (Federal Form 1065, Schedule K, Line 9a)	12a.	.00	.00
12b. COLLECTIBLE GAIN (LOSS) (Federal Form 1065, Schedule K, Line 9b)	12b.	.00	.00
12c. UNRECAPTURED SECTION 1250 GAIN (Federal Form 1065, Schedule K, Line 9c)	12c.	.00	.00
13. NET GAIN (LOSS) UNDER SECTION 1231 (Federal Form 1065, Schedule K, Line 10)	13.	.00	.00
14. OTHER INCOME (LOSS) (Federal Form 1065, Schedule K, Line 11)	14.	.00	.00
15. TOTAL INCOME - Add Line 4 through Line 12a and Line 13 and Line 14	15.	-515910 .00	-54171 .00

DEDUCTIONS:

- | | | | |
|---|-----|---------|--------|
| 16. CHARITABLE CONTRIBUTIONS (Federal Form 1065, Schedule K, Line 13a) | 16. | 251 .00 | 26 .00 |
| 17. SECTION 179 EXPENSE DEDUCTION (Federal Form 1065, Schedule K, Line 12) | 17. | .00 | .00 |
| 18. EXPENSES RELATED TO INVESTMENT INCOME (LOSS) (Federal Form 1065, Schedule K, Lines 13b and 13c) | 18. | .00 | .00 |
| 19. OTHER DEDUCTIONS (Federal Form 1065, Schedule K, Line 13d) | 19. | .00 | .00 |

Attach Completed Copy of U.S. Partnership Return of Income Form 1065 and ALL Schedules.

DELAWARE 2023

DIVISION OF REVENUE F O R M

PARTNERSHIP RETURN FORMERLY 300



SCHEDULE 2 - APPORTIONMENT PERCENTAGE. Complete only if Partnership has income derived from or connected with sources in Delaware and at least one other state, and if it has one or more partners who are not residents in Delaware.

SECTION A	GROSS REAL AND TANGIBLE PERSONAL PROPERTY	COLUMN A Delaware Sourced		COLUMN B Total Sourced (All Sources)	
		Beginning of Year	End of Year	Beginning of Year	End of Year
1.	TOTAL REAL & TANGIBLE PROPERTY OWNED	131684 .00	289198 .00	1886353 .00	3173827 .00
2.	REAL & TANGIBLE PROPERTY RENTED (eight times annual rental paid)	1888104 .00	1888104 .00	8562672 .00	8562672 .00
3.	TOTAL - Add Line 1 to Line 2	2019788 .00	2177302 .00	10449025 .00	11736499 .00
4.	LESS: Value at original cost of real & tangible property (See instructions)	.00	.00	.00	.00
5.	NET VALUES - Subtract Line 4 from Line 3	2019788 .00	2177302 .00	10449025 .00	11736499 .00
6.	TOTAL - Add Line 5 Beginning and End of Year Totals	4197090 .00		22185524 .00	
7.	AVERAGE VALUES - Divide Line 6 by 2	2098545 .00		11092762 .00	

SECTION B	WAGES, SALARIES, AND OTHER COMPENSATION PAID OR ACCRUED TO EMPLOYEES	COLUMN A Delaware Sourced	COLUMN B Total Sourced (All Sources)
8.	WAGES, SALARIES, AND OTHER COMPENSATION OF ALL EMPLOYEES	97900 .00	1756662 .00

SECTION C	GROSS RECEIPTS SUBJECT TO APPORTIONMENT	COLUMN A Delaware Sourced	COLUMN B Total Sourced (All Sources)
9.	GROSS RECEIPTS FROM SALES OF TANGIBLE PERSONAL PROPERTY	774623 .00	11052382 .00
10.	GROSS INCOME FROM OTHER SOURCES (See attachment)	.00	.00
11.	TOTAL - Add Line 1 to Line 2	774623 .00	11052382 .00

SECTION D	DETERMINATION OF APPORTIONMENT PERCENTAGE		
12a.	ENTER AMOUNT FROM COLUMN A, LINE 7	2098545 .00	= 12c. 18.9181
12b.	ENTER AMOUNT FROM COLUMN B, LINE 7	11092762 .00	
13a.	ENTER AMOUNT FROM COLUMN A, LINE 8	97900 .00	= 13c. 5.5731
13b.	ENTER AMOUNT FROM COLUMN B, LINE 8	1756662 .00	
14a.	ENTER AMOUNT FROM COLUMN A, LINE 11	774623 .00	= 14c. 7.0087
14b.	ENTER AMOUNT FROM COLUMN B, LINE 11	11052382 .00	
15.	TOTAL COMBINED APPORTIONMENT PERCENTAGES - Add Line 12c, Line 13c, and Line 14c		31.4999
16.	APPORTIONMENT PERCENTAGE (See instructions)		10.5000

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE _____ DATE 04/01/24

ADDRESS _____

601 ROUTE 73 NORTH, SUITE 400
CITY STATE ZIP CODE

MARLTON NJ 08053
EIN, SSN OR PTIN PHONE NUMBER

P00028346 8568301600
EMAIL ADDRESS

LEE.SHEILDS@MARCUMLLP.COM

MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:
Delaware Division of Revenue
P.O. Box 8703
Wilmington, DE 19899-8703

DELAWARE 2023
DIVISION OF REVENUE PRT-PSI



**SCHEDULE K-1 PARTNER'S SHARE OF INCOME
FORMERLY 300 K-1**

For Fiscal Year beginning and ending

Check Applicable Box:

Partner's Taxpayer ID

Partnership's Taxpayer ID

EIN ☒ SSN

[REDACTED] 2 8 0 3

8 5 3 8 9 8 8 2 4

Partner's Business Name

Partner's Street Address

401 SILVER HILL ROAD

-OR-

City

State

ZIP Code

CHERRY HILL

NJ 08002

Partner's First Name

Country

DUSTIN

Partner's Last Name

Attention

BILLOW

Partner's Type of Entity (See instructions)

Check Applicable Box:

Partner's Share of Profit, Loss and Capital

Beginning

Ending

Code Description

Resident

Profit

51.000000

51.0000000

Loss

51.000000

51.0000000

Capital

51.000000

51.0000000

0 1 INDIVIDUAL

☒ Non-Resident

ALLOCABLE SHARE OF INCOME

1. ORDINARY INCOME (LOSS) FROM TRADE OF BUSINESS ACTIVITIES
2. NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES
3. NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES
4. GUARANTEED PAYMENT TO PARTNER
5. INTEREST
6. DIVIDENDS
7. ROYALTIES
8. NET SHORT TERM CAPITAL GAIN (LOSS)
9. NET LONG TERM CAPITAL GAIN (LOSS)
10. NET GAIN (LOSS) UNDER SECTION 1231 (other than due to Casualty and Theft)
11. OTHER INCOME (LOSS)
12. TOTAL INCOME - Add Line 1 through Line 11

COLUMN A

Federal 1065
Schedule K-1 Amount

COLUMN B

Portion of Items Derived
from Sources in DE

- | | | | | |
|-----|---------|-----|--------|-----|
| 1. | -263115 | .00 | -27627 | .00 |
| 2. | | .00 | | .00 |
| 3. | | .00 | | .00 |
| 4. | | .00 | | .00 |
| 5. | 1 | .00 | | .00 |
| 6. | | .00 | | .00 |
| 7. | | .00 | | .00 |
| 8. | | .00 | | .00 |
| 9. | | .00 | | .00 |
| 10. | | .00 | | .00 |
| 11. | | .00 | | .00 |
| 12. | -263114 | .00 | -27627 | .00 |

COLUMN A

Federal 1065
Schedule K-1 Amount

COLUMN B

Portion of Items Derived
from Sources in DE

ALLOCABLE SHARE OF DEDUCTIONS

13. CHARITABLE CONTRIBUTION
14. SECTION 179 EXPENSE DEDUCTIONS
15. EXPENSES FROM INVESTMENT INCOME
16. OTHER DEDUCTIONS/CREDITS (Attach Schedule)

- | | | | | |
|-----|-----|-----|----|-----|
| 13. | 128 | .00 | 13 | .00 |
| 14. | | .00 | | .00 |
| 15. | | .00 | | .00 |
| 16. | | .00 | | .00 |

DELAWARE 2023
DIVISION OF REVENUE F O R M
PRT-PSI



**SCHEDULE K-1 PARTNER'S SHARE OF INCOME
FORMERLY 300 K-1**

For Fiscal Year beginning and ending

Check Applicable Box:

Partner's Taxpayer ID

Partnership's Taxpayer ID

EIN ☒ SSN

9 4 6 0

8 5 3 8 9 8 8 2 4

Partner's Business Name

Partner's Street Address

807 DOVER STREET

-OR-

City

State

ZIP Code

CHERRY HILL

NJ 08002

Partner's First Name

Country

THOMAS

Partner's Last Name

Attention

YODER, JR

Partner's Type of Entity (See instructions)

Check Applicable Box:

Partner's Share of Profit, Loss and Capital

Beginning

Ending

Code Description

Resident

Profit

49.000000

49.0000000

Loss

49.000000

49.0000000

Capital

49.000000

49.0000000

0 1 INDIVIDUAL

☒ Non-Resident

ALLOCABLE SHARE OF INCOME

1. ORDINARY INCOME (LOSS) FROM TRADE OF BUSINESS ACTIVITIES
2. NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES
3. NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES
4. GUARANTEED PAYMENT TO PARTNER
5. INTEREST
6. DIVIDENDS
7. ROYALTIES
8. NET SHORT TERM CAPITAL GAIN (LOSS)
9. NET LONG TERM CAPITAL GAIN (LOSS)
10. NET GAIN (LOSS) UNDER SECTION 1231 (other than due to Casualty and Theft)
11. OTHER INCOME (LOSS)
12. TOTAL INCOME - Add Line 1 through Line 11

	COLUMN A Federal 1065 Schedule K-1 Amount	COLUMN B Portion of Items Derived from Sources in DE
1.	-252797.00	-26544.00
2.	.00	.00
3.	.00	.00
4.	.00	.00
5.	1.00	.00
6.	.00	.00
7.	.00	.00
8.	.00	.00
9.	.00	.00
10.	.00	.00
11.	.00	.00
12.	-252796.00	-26544.00

ALLOCABLE SHARE OF DEDUCTIONS

13. CHARITABLE CONTRIBUTION
14. SECTION 179 EXPENSE DEDUCTIONS
15. EXPENSES FROM INVESTMENT INCOME
16. OTHER DEDUCTIONS/CREDITS (Attach Schedule)

	COLUMN A Federal 1065 Schedule K-1 Amount	COLUMN B Portion of Items Derived from Sources in DE
13.	123.00	13.00
14.	.00	.00
15.	.00	.00
16.	.00	.00

MARYLAND
FORM
510**PASS-THROUGH ENTITY
INCOME TAX RETURN**

235100005

2023
\$

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

853898824

Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)

010121**458210**

Date of Organization or Incorporation (MMDDYY) Business Activity Code No. (6 digits)

SOLEPLY

Name

807 DOVER STREET

Current Mailing Address (PO Box, Number, Street and Apt. No.)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

CHERRY HILL**NJ****08002**

City or Town

State

ZIP Code +4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

Do not write in this space.

ME YE

TYPE OF ENTITY - Check the applicable box.☐

S Corporation

☒

Partnership

☐

Limited Liability Company

☐

Business Trust

**Amended
Return**☐**CHECK HERE** - Check applicable box(es).☐

Name or address has changed

☒

First filing of the entity

☐

Inactive entity

☐

Final Return

☐

510C Filed

☐

This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

Complete this form if the pass-through entity ("PTE") is paying tax only on behalf of nonresident members and not electing to remit tax on all members' shares of income. If the PTE made an irrevocable election on Form 510/511D or 510/511E to remit tax with respect to all members' shares, STOP. You must file Form 511.

You may also use this form to request a refund of estimated payment(s) for tax paid on resident members' shares of income if the PTE has decided not to make the entity election.

1. Number of members:**a.** Individual (including fiduciary) residents of Maryland

▶

c. Nonresident entities

▶

b. Individual (including fiduciary) nonresidents

▶

2**d.** Others

▶

e. Total **2****2. Total distributive or pro rata share of income per federal return (Form 1065 or 1120S) - Unistate**

entities or multistate entities with no nonresident members also enter this amount on line 4

▶

2.**-515910 00****ALLOCATION OF INCOME****(To be completed by multistate PTEs with nonresident members - unistate entities, and multistate entities with no nonresidents, go to line 4.)****3a.** Non-Maryland income (for entities using separate accounting).

Subtract this amount from line 2 and enter the difference on line 4

▶

3a.**00****3b.** Maryland apportionment factor from computation worksheet on Page 4 (for entities using the apportionment method). Multiply line 2 by this factor and enter the result

on line 4. (If factor is zero, enter .000001)

▶

3b.**. 015627**

MARYLAND
FORM
510PASS-THROUGH ENTITY
INCOME TAX RETURN

235100105

2023
page 2NAME SOLEPLY FEIN 8538988244. Distributive or pro rata share of income allocable to Maryland 4. -8062 00**NOTE: Complete lines 5 through 19 if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident Individual or nonresident entity members. (Investment partnerships see Specific Instructions.)**5. Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6. ▶ 5. -6. Distributive or pro rata share of income for nonresident individual members (Multiply line 4 by the percentage on line 5.) 6. -8062 007. Nonresident individual tax (Multiply line 6 by 5.75%) 7. 008. Special nonresident tax (Multiply line 6 by 2.25%) 8. 009. Total Maryland tax on individual members (Add lines 7 and 8.) 9. 0010. Percentage of ownership by nonresident entities shown on line 1c (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 11 ▶ 10. -11. Distributive or pro rata share of income for nonresident entity members (Multiply line 4 by percentage on line 10.) 11. 0012. Nonresident entity tax (Multiply line 11 by 8.25%) 12. 0013. Total nonresident tax (Add lines 9 and 12.) 13. 0014. Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here ▶ ☐ ▶ 14. 0015. Nonresident tax due (Enter the lesser of line 13 or line 14.) 15. 0016a. Estimated PTE nonresident tax paid with Form 510/511D and MW506NRS ▶ 16a. 0016b. PTE nonresident tax paid with an extension request (Form 510/511E) ▶ 16b. 0016c. Credit for nonresident tax paid on behalf of the PTE by another PTE (Attach Schedule K-1 (510/511)) ▶ 16c. 0016d. If the PTE filing this return is a non-resident member of a PTE paying tax at the entity level, report the amount of credit for tax paid by the PTE paying tax at the entity level with regard to this entity's nonresident shares of income. (Attach Schedule K-1 (510/511)) ▶ 16d. 0016e. If the PTE filing this return is a resident member of a PTE paying tax at the entity level, report the amount of credit for tax paid by the PTE paying tax at the entity level with regard to this entity's resident shares of income. (Attach Schedule K-1 (510/511)) ▶ 16e. 0016f. Total payments and credits (Add lines 16a through 16e.) ▶ 16f. 0017. Balance of tax due (If line 15 exceeds line 16f, enter the difference.) ▶ 17. 0018. Overpayment. (If line 16f exceeds line 15, enter the difference.) ▶ 18. 0018a. If amending, prior overpayment. (Total all refunds previously issued.) ▶ 18a. 0019. Interest and/or penalty from Form 500UP or late payment interest **TOTAL** ▶ 19. 0020. Total nonresident balance due (Add lines 15, 18a, and 19. Subtract line 16f.) Pay in full with this return ▶ 20. 00**NOTE: The total tax paid from lines 16f and 17 is to be reported either on the composite return or on the returns of the nonresident members. Nonresident entity and fiduciary members cannot file a composite return nor be included in the composite return filed by nonresident individual members. (See instructions.)**21. Amount of overpayment from original return to be applied to estimated tax for 2024 (not to exceed the net of lines 18 minus 18a and 19) ▶ 21. 0022. Amount of overpayment TO BE REFUNDED. (Add lines 19 and 21, and subtract the total from line 18.) (If amending, subtract lines 18a and 19 from line 18.) ▶ 22. 00

MARYLAND
FORM
510PASS-THROUGH ENTITY
INCOME TAX RETURN

235100205

2023
page 3NAME SOLEPLY FEIN 853898824**DIRECT DEPOSIT OF REFUND (see Instruction 9)**

Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following.

▶ ☐ Check here if you authorize the State of Maryland to issue your refund by direct deposit.▶ ☐ Check here if this refund will go to an account outside of the United States.23a. Type of account : 23a. ▶ ☐ Checking ☐ Savings

23b. Routing Number (9-digits) : 23b. ▶

23c. Account Number : 23c. ▶

23d. Name as it appears on the bank account:

ADDITIONAL INFORMATION REQUIRED1. Address of principal place of business in Maryland (if other than indicated on page 1):
3500 EASTWEST HIGHWAY SPAC HYATTSVILLE MD 20782

2. Address at which tax records are located (if other than indicated on page 1):

3. Telephone number of pass-through entity tax department: 856 745 51144. State of organization or incorporation: NEW JERSEY5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Comptroller of Maryland? ☐ Yes ☒ No
If "yes", indicate tax year(s) here: and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.6. Did the pass-through entity file employer withholding tax returns/forms with the Comptroller of Maryland for the last calendar year? ☐ Yes ☒ No**If a multistate operation, provide the following:**7. Is this entity a multistate corporation that is a member of a unitary group? ▶ ☐ Yes ☒ No8. Is this entity a multistate manufacturing corporation with more than 25 employees? ▶ ☐ Yes ☒ No**SIGNATURE AND VERIFICATION**Check here ☒ if you authorize your preparer to discuss this return with us.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature of general partner, officer or member _____ Date _____

PARTNER

Title _____

MARCUM LLP

Printed name of the Preparer/Firm's name

Signature of preparer other than taxpayer (Required by Law)

601 ROUTE 73 NORTH SUITE 400

Street address of preparer or Firm's address

MARLTON NJ 08053

City, State, ZIP Code + 4

856 830 1600

Telephone number of preparer

▶ **P00028346**

Preparer's PTIN (Required by Law)

CODE NUMBERS (3 digits per line)

Make check or money order payable to Comptroller of Maryland. On your check or money order, in blue or black ink only, you must include the Federal Employer Identification Number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

Comptroller Of Maryland, Revenue Administration Division
110 Carroll Street, Annapolis, Maryland 21411-0001

MARYLAND
FORM
510**PASS-THROUGH ENTITY
INCOME TAX RETURN**

235100305

2023
page 4NAME SOLEPLY FEIN 853898824**Schedule A - COMPUTATION OF APPORTIONMENT FACTOR** (Applies only to multistate pass-through entities. See instructions.)**NOTE:** Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.

	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1. Receipts			
a. Gross receipts or sales less returns and allowances	172719 00	11052382 00	
b. Dividends	00	00	
c. Interest	00	00	
d. Gross rents	00	00	
e. Gross royalties	00	00	
f. Capital gain net income	00	00	
g. Other income (Attach schedule.)	00	00	
h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.)	172719 00	11052382 00	<u>.015627</u> ◀

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

2. Property			
a. Inventory	30163 00	1930137 00	
b. Machinery and equipment	00	00	
c. Buildings	00	00	
d. Land	00	00	
e. Other tangible assets (Attach schedule.)	130001 00	599954 00	
f. Rent expense capitalized (multiply by eight)	00	8562672 00	
g. Total property (Add lines 2a through 2f, for Columns 1 and 2.)	160164 00	11092763 00	<u>.014439</u> ◀
3. Payroll			
a. Compensation of officers	00	00	
b. Other salaries and wages	14804 00	1756662 00	
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.)	14804 00	1756662 00	<u>.008427</u> ◀

4. Maryland apportionment factor Enter amount from Line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor here. (If factor is zero, enter .000001 on line 3b, page 1.) .015627

▶ ☐ Check here if special apportionment or alternative apportionment formula is used.

MARYLAND
FORM
510
SCHEDULE B

PASS-THROUGH ENTITY
INCOME TAX RETURN
MEMBERS' INFORMATION



23510B005

2023
page 1

NAME SOLEPLY FEIN 853898824

PART I - INDIVIDUAL MEMBERS' INFORMATION

Enter the information in Social Security Number order.

Social Security Number and name of member		Address	Check here if Maryland:		Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
			Resident	Non-Resident			
1	THOMAS YODER JR [REDACTED] 9460	807 DOVER STREET CHERRY HILL NJ 08002		X	-252796	0	
2	DUSTIN BILLOW [REDACTED] 2803	401 SILVER HILL ROAD CHERRY HILL NJ 08002		X	-263114	0	
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
SUBTOTAL from additional Form 510 Schedule B for individual members							
TOTAL:							

You must file
Form 510
electronically
to pass on
business tax
credits from
Form 500CR
and/ or
Form 502S to
your members.

MD 510

DISTRIBUTIVE SHARE OF INCOME ATTRIBUTABLE TO MARYLAND STATEMENT 1

SOURCES AND AMOUNT OF TAX PAID FOR NONRESIDENT/RESIDENT PARTNERS

NAME OF PARTNER	SHARE OF INCOME	TAX PAID
DUSTIN BILLOW	-4112.	0.
THOMAS YODER JR	-3950.	0.
TOTALS TO FORM 510	-8062.	0.

MARYLAND
FORM
500DM**DECOUPLING
MODIFICATION**

23500N005

2023

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

SOLEPLY**853898824****Name of taxpayer(s)****Taxpayer Identification Number**

Use this form only if the Maryland return is affected by the use (for any tax year) of any of the following federal provisions from which Maryland has decoupled (Decoupled Provisions):

- Certain provisions of the federal CARES Act of 2020 have an impact on business interest expense deductions, limitation on excess business losses for non-corporate taxpayers, net operation losses (NOLs), and qualified improvement property (QIP) bonus depreciation. For more information, see Tax Alert 7-24 at marylandtaxes.gov.
- Special Depreciation Allowance under the federal Job Creation and Worker Assistance Act of 2002 (JCWAA) as increased and extended under the federal Jobs and Growth Tax Relief Reconciliation Act of 2003 (JGTRRA); and subsequent federal legislation, including the American Recovery and Reinvestment Act of 2009 (ARRA).
- Carryover of a net operating loss (NOL) under IRC Section 172 without regard to an election under IRC Section 172(b)(1)(H) for a carryback period of up to 2 years (Farming loss only).
- Federal Section 179 depreciation deductions taken for a tax year beginning on or after January 1, 2003. For Maryland tax purposes, a taxpayer only is allowed to expense up to \$25,000, reduced dollar-for-dollar by the amount over \$200,000, of the cost of Section 179 property that is purchased and put in service for a trade or business for the tax year. For vehicles placed in service after May 31, 2004, Maryland also has decoupled from the higher depreciation deduction for certain heavy duty SUVs allowed under Internal Revenue Code Section 280F.
- Deferral of recognition of income from discharge of indebtedness under the ARRA.
- Deferral of deduction for original issue discount in debt for debt exchanges under the ARRA.

Read instructions and complete the worksheet.

	Column 1 Federal Return as Filed	Column 2 Federal Return without Decoupled Provisions	Column 3 Difference Increase/ Decrease (-)
1. Depreciation Deductions Subtract the amount in Column 2 from the amount in Column 1 and enter in Column 3. If less than 0, enter as a negative amount (-).	<u>858221</u> 00	<u>102058</u> 00	<u>756163</u> 00
2. NOL Deductions Subtract the amount in Column 2 from the amount in Column 1 and enter in Column 3. If less than 0, enter as a negative amount (-).	_____ 00	_____ 00	_____ 00
3. Original Issue Discounts Subtract the amount in Column 1 from the amount in Column 2 and enter in Column 3. If less than 0, enter as a negative amount (-).	_____ 00	_____ 00	_____ 00
4. Discharge of Business Indebtedness Subtract the amount in Column 1 from the amount in Column 2 and enter in Column 3. If less than 0, enter as a negative amount (-).	_____ 00	_____ 00	_____ 00
5. Other Changes (See instructions.)			_____ 00
6. Net Decoupling Modification Net the amounts on lines 1 through 5 of Column 3. This is the Decoupling Modification. Enter here and include as a positive number on the appropriate line of the Maryland return being filed. Also enter the applicable letter code(s) on the lines provided on the return. See table in instructions			<u>756163</u> 00
7. Decoupling from PTE. Enter code letter dp. (See instructions.)			_____ 00

**MARYLAND
SCHEDULE K-1
(510/511)**

**PASS-THROUGH ENTITY
MEMBER'S INFORMATION**



23510K005

2023

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)

SOLEPLY

853898824

PTE Name

PTE FEIN

807 DOVER STREET

CHERRY HILL

NJ

08002

Street Address

City

State

ZIP Code

+4

INFORMATION ABOUT THE MEMBER

1

DUSTIN BILLOW

Member Number

Member Name

2803

Member's SSN/FEIN

401 SILVER HILL ROAD

CHERRY HILL

NJ

08002

Street Address

City

State

ZIP Code

+4

Resident? ☐ Yes ☒ No

Distributive or Pro Rata Share Percentage 51.000000 %

A. Member's Income

- | | | | |
|--|----|---------|----|
| 1. Distributive or pro rata share of income from federal Schedule K-1 | 1. | -263114 | 00 |
| 2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents) | 2. | -4112 | 00 |

B. Additions

- | | | | |
|---|----|--------|----|
| 1. Non-Maryland municipal interest and dividends | 1. | | 00 |
| 2. Tax preference items | 2. | | 00 |
| 3. Net decoupling modification | 3. | 385643 | 00 |
| 4. Net decoupling modification from another PTE | 4. | | 00 |
| 5. Other additions (Specify additions with amounts in part G of this form.) | 5. | | 00 |

C. Subtractions

- | | | | |
|---|----|--|----|
| 1. Income from U.S. obligations | 1. | | 00 |
| 2. Work opportunity credit salary expense | 2. | | 00 |
| 3. Net decoupling modification | 3. | | 00 |
| 4. Net decoupling modification from another PTE | 4. | | 00 |
| 5. Other subtractions (Specify subtractions with amounts in part G of this form.) | 5. | | 00 |

D. Nonresident/Resident Tax - Enter the member's distributive or pro rata share

- | | | | |
|---|----|--------------|----|
| 1. Nonresident tax paid on member's behalf by this PTE (Form 510) | 1. | 0 | 00 |
| 2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511) | 2. | 0 | 00 |
| 3. RESERVED | 3. | XXXXXXXXXXXX | 00 |
| 4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511) | 4. | 0 | 00 |
| 5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form. | | | |
| Note: Members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns | | | |
| | 5. | 0 | 00 |

E. Credits (Required documentation or certification must be attached.)**

Nonrefundable Credits

- | | | | |
|---|----|--|----|
| 1. Enterprise Zone Tax Credit*** | 1. | | 00 |
| 2. Maryland Disability Employment Tax Credit*** | 2. | | 00 |
| 3. Job Creation Tax Credit*** | 3. | | 00 |
| 4. Community Investment Tax Credit*** | 4. | | 00 |
| 5. Businesses that Create New Jobs Tax Credit | 5. | | 00 |
| 6. Credit for buyers of cybersecurity technology and/or cybersecurity services*** | 6. | | 00 |

MARYLAND
SCHEDULE K-1
(510/511)

**PASS-THROUGH ENTITY
MEMBER'S INFORMATION**



23510K105

2023
page 2

NAME SOLEPLY FEIN 853898824

7.	Employer-Provided Long-Term Insurance Tax Credit	7.	_____	00
8.	Security Clearance Costs Tax Credit***	8.	_____	00
9.	First Year Leasing Cost Tax Credit for Small Businesses***	9.	_____	00
10.	Research and Development Tax Credit***	10.	_____	00
11.	Commuter Tax Credit***	11.	_____	00
12.	Work Opportunity Tax Credit	12.	_____	00
13.	Energy Storage Systems Tax Credit***	13.	_____	00
14.	Automated External Defibrillator Tax Credit for Restaurants	14.	_____	00
15.	Endow Maryland Tax Credit***	15.	_____	00
16.	Preservation and Conservation Easements Tax Credit***	16.	_____	00
17.	Apprentice Employee Tax Credit***	17.	_____	00
18.	Qualified Farms Tax Credit***	18.	_____	00
19.	Endowments of Maryland Historically Black Colleges and Universities***	19.	_____	00

Refundable Credits

20.	Innovation Incentive Tax Credit for Investors in Innovation***	20.	_____	00
21.	Film Production Activity Tax Credit***	21.	_____	00
22.	Biotechnology Investment Incentive Tax Credit***	22.	_____	00
23.	Small Business Relief Tax Credit***	23.	_____	00
24.	Small Business Research & Development Tax Credit***	24.	_____	00
25.	Heritage Structure Rehabilitation Tax Credit***	25.	_____	00
26.	Theatrical Production Tax Credit***	26.	_____	00
27.	More Jobs for Marylanders Tax Credit***	27.	_____	00
28.	Catalytic Revitalization Projects and Historic Revitalization Tax Credit ***	28.	_____	00

One Maryland Economic Development Tax Credit* Certified after June 30, 2018**

☐

Refundable

☐

Nonrefundable

29a.	Total number of "qualified employees"	29a.	_____	
29b.	If the amount on line 29a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years?			

☐

Yes

☐

No

Enter Member's Distributive or Pro Rata share of the following:

30.	Portion of PTE's income attributable to project	30.	_____	00
31.	Amount of Maryland income tax required to be withheld from employees reported on line 29a of this form	31.	_____	00
32.	Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.)	32.	_____	00

One Maryland Economic Development Tax Credit* Certified before July 1, 2018**

☐

Refundable

☐

Nonrefundable

33a.	Total number of "qualified employees"	33a.	_____	
33b.	If the amount on line 33a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years?			

☐

Yes

☐

No

Enter Member's Distributive or Pro Rata share of the following:

34.	Portion of PTE's income attributable to project	34.	_____	00
35.	Non-project taxable income from PTE	35.	_____	00
36.	Number of "qualified employees" multiplied by \$10,000	36.	_____	00
37.	Amount of Maryland income tax required to be withheld from employees reported on line 33a of this form	37.	_____	00
38.	Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)	38.	_____	00
39.	Total cumulative eligible start-up costs (\$500,000 PTE maximum)	39.	_____	00

MARYLAND
SCHEDULE K-1
(510/511)

**PASS-THROUGH ENTITY
MEMBER'S INFORMATION**



23510K205

2023
page 3

NAME SOLEPLY FEIN 853898824

F. Withholding for Nonresident Sale of Real Property

1. Member's share of flow-through of a payment of withholding on Nonresident Sale of Real
Property payment from PTE 1. 00

G. Additional Information

**MARYLAND
SCHEDULE K-1
(510/511)**

**PASS-THROUGH ENTITY
MEMBER'S INFORMATION**



23510K005

2023

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)

SOLEPLY		853898824	
PTE Name		PTE FEIN	
807 DOVER STREET	CHERRY HILL	NJ	08002
Street Address	City	State	ZIP Code +4

INFORMATION ABOUT THE MEMBER

2	THOMAS YODER JR	9460
Member Number	Member Name	Member's SSN/FEIN
807 DOVER STREET	CHERRY HILL	NJ
Street Address	City	State
		ZIP Code +4
Resident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Distributive or Pro Rata Share Percentage 49.000000 %

A. Member's Income

1. Distributive or pro rata share of income from federal Schedule K-1	1.	<u>-252796</u>	00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents)	2.	<u>-3950</u>	00

B. Additions

1. Non-Maryland municipal interest and dividends	1.		00
2. Tax preference items	2.		00
3. Net decoupling modification	3.	<u>370520</u>	00
4. Net decoupling modification from another PTE	4.		00
5. Other additions (Specify additions with amounts in part G of this form.)	5.		00

C. Subtractions

1. Income from U.S. obligations	1.		00
2. Work opportunity credit salary expense	2.		00
3. Net decoupling modification	3.		00
4. Net decoupling modification from another PTE	4.		00
5. Other subtractions (Specify subtractions with amounts in part G of this form.)	5.		00

D. Nonresident/Resident Tax - Enter the member's distributive or pro rata share

1. Nonresident tax paid on member's behalf by this PTE (Form 510)	1.	<u>0</u>	00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511)	2.	<u>0</u>	00
3. RESERVED	3.	<u>XXXXXXXXXXXX</u>	00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511)	4.	<u>0</u>	00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form.			
Note: Members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns			
	5.	<u>0</u>	00

E. Credits (Required documentation or certification must be attached.)**

Nonrefundable Credits

1. Enterprise Zone Tax Credit**	1.		00
2. Maryland Disability Employment Tax Credit**	2.		00
3. Job Creation Tax Credit**	3.		00
4. Community Investment Tax Credit**	4.		00
5. Businesses that Create New Jobs Tax Credit	5.		00
6. Credit for buyers of cybersecurity technology and/or cybersecurity services**	6.		00

MARYLAND
SCHEDULE K-1
(510/511)

**PASS-THROUGH ENTITY
MEMBER'S INFORMATION**



23510K105

2023
page 2

NAME SOLEPLY FEIN 853898824

7.	Employer-Provided Long-Term Insurance Tax Credit	7.	_____	00
8.	Security Clearance Costs Tax Credit***	8.	_____	00
9.	First Year Leasing Cost Tax Credit for Small Businesses***	9.	_____	00
10.	Research and Development Tax Credit***	10.	_____	00
11.	Commuter Tax Credit***	11.	_____	00
12.	Work Opportunity Tax Credit	12.	_____	00
13.	Energy Storage Systems Tax Credit***	13.	_____	00
14.	Automated External Defibrillator Tax Credit for Restaurants	14.	_____	00
15.	Endow Maryland Tax Credit***	15.	_____	00
16.	Preservation and Conservation Easements Tax Credit***	16.	_____	00
17.	Apprentice Employee Tax Credit***	17.	_____	00
18.	Qualified Farms Tax Credit***	18.	_____	00
19.	Endowments of Maryland Historically Black Colleges and Universities***	19.	_____	00

Refundable Credits

20.	Innovation Incentive Tax Credit for Investors in Innovation***	20.	_____	00
21.	Film Production Activity Tax Credit***	21.	_____	00
22.	Biotechnology Investment Incentive Tax Credit***	22.	_____	00
23.	Small Business Relief Tax Credit***	23.	_____	00
24.	Small Business Research & Development Tax Credit***	24.	_____	00
25.	Heritage Structure Rehabilitation Tax Credit***	25.	_____	00
26.	Theatrical Production Tax Credit***	26.	_____	00
27.	More Jobs for Marylanders Tax Credit***	27.	_____	00
28.	Catalytic Revitalization Projects and Historic Revitalization Tax Credit ***	28.	_____	00

One Maryland Economic Development Tax Credit* Certified after June 30, 2018**

☐

Refundable

☐

Nonrefundable

29a.	Total number of "qualified employees"	29a.	_____	
29b.	If the amount on line 29a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years?			

☐

Yes

☐

No

Enter Member's Distributive or Pro Rata share of the following:

30.	Portion of PTE's income attributable to project	30.	_____	00
31.	Amount of Maryland income tax required to be withheld from employees reported on line 29a of this form	31.	_____	00
32.	Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.)	32.	_____	00

One Maryland Economic Development Tax Credit* Certified before July 1, 2018**

☐

Refundable

☐

Nonrefundable

33a.	Total number of "qualified employees"	33a.	_____	
33b.	If the amount on line 33a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years?			

☐

Yes

☐

No

Enter Member's Distributive or Pro Rata share of the following:

34.	Portion of PTE's income attributable to project	34.	_____	00
35.	Non-project taxable income from PTE	35.	_____	00
36.	Number of "qualified employees" multiplied by \$10,000	36.	_____	00
37.	Amount of Maryland income tax required to be withheld from employees reported on line 33a of this form	37.	_____	00
38.	Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)	38.	_____	00
39.	Total cumulative eligible start-up costs (\$500,000 PTE maximum)	39.	_____	00

MARYLAND
SCHEDULE K-1
(510/511)

**PASS-THROUGH ENTITY
MEMBER'S INFORMATION**



23510K205

2023
page 3

NAME SOLEPLY FEIN 853898824

F. Withholding for Nonresident Sale of Real Property

1. Member's share of flow-through of a payment of withholding on Nonresident Sale of Real
Property payment from PTE 1. 00

G. Additional Information

STATE OF NEW JERSEY INCOME TAX - PARTNERSHIP RETURN

For Privacy Act Notification, See Instructions
For Calendar Year 2023, or Tax Year
Beginning _____ and Ending _____

NJ-1065
2023
Page 1



043MP01230

SOLEPLY

807 DOVER STREET

CHERRY HILL

NJ 08002

853898824 SHOE SALES

01012021

1019

12 P00028346 111986323

2 # of Resident Partners
of Nonresident Partners with Physical Nexus to NJ
of Nonresident Partners without Physical Nexus to NJ



366971 11-27-23 1019

Under the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than general partner) is based on all information of which preparer has any knowledge.

Pay the amount on Line 6 of the Filing Fee Worksheet in full. Write your Federal EIN and the tax year on the check or money order and make payable to: STATE OF NEW JERSEY - PART

DO NOT staple or otherwise attach your payment to return NJ-1065.

Mail your completed Form NJ-1065 to: NJ Division of Taxation - Revenue Processing Center, PO Box 194, Trenton, NJ 08646-0194.

Mail your payment and completed NJ-1065-V payment voucher to:
Filing Fee on Partnerships, PO Box 642, Trenton, NJ 08646-0642.

Signature of General Partner or Limited Liability Company Member Date

Paid Preparer's Signature

Date

Check if Self-Employed

04/01/24

Firm's Name (or yours if self-employed)

MARCUM LLP

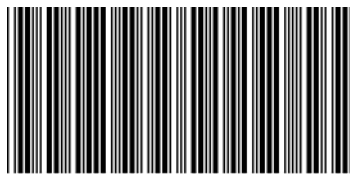
Preparer's SS# or PTIN

P00028346

Preparer's Address 601 ROUTE 73 NORTH, SUITE 40
MARLTON, NJ 08053

Preparer's Federal EIN#

111986323



043MP02230

NJ-1065 (2023)

PAGE 2

SOLEPLY

853898824

1019

Check applicable boxes

- | | |
|---|---|
| <input checked="" type="checkbox"/> Initial Return | Investment Club |
| Final Return | Composite Return is filed for Nonresident Partner |
| Amended Return | Controlling Interest Transfer Tax |
| <input checked="" type="checkbox"/> Application for Federal Extension is attached | Tiered Partnership |
| Substitute Method of Allocation Granted | <input checked="" type="checkbox"/> General Partnership |
| Complete Liquidation | Limited Partnership |
| Qualified Investment Partnership | Limited Liability Company |
| Listed on U.S. National Stock Exchange | Limited Liability Partnership |
| Hedge Fund | |

Partnership Income

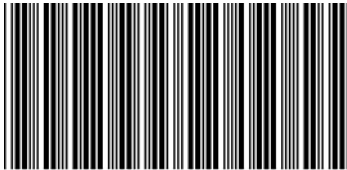
Column A
Amount from All Sources

Column B
Amount from NJ Sources

1. Ordinary Income (loss) from trade or business activities (See instruction)	1.	-515912	.	
2. Net income (loss) from rental real estate activities	2.		.	
3. Net income (loss) from other rental activities	3.		.	
4. Guaranteed payments to partners	4.		.	
5. Interest income	5.	2	.	
6. Dividend income	6.		.	
7. Royalty income	7.		.	
8. Net gain (loss) from disposition of property	8.		.	
9. Net IRC section 1231 gain (loss)	9.		.	
10. Other income (loss)	10.		.	
11. Tax-exempt interest income	11.		.	
12. Subtotal (Add lines 1 through 11)	12.	-515910	.	
13a. Taxes based on income	13a.		.	
13b. Other additions - specify: <u>STMT 1</u>	13b.	743301	.	
13c. Total additions (Add lines 13a and 13b)	13c.	743301	.	
14. Subtotal (Add lines 12 and 13c)	14.	227391	.	
15a. Guaranteed payments to partners	15a.		.	
15b. Interest income from federal obligations	15b.		.	
15c. Interest income from NJ obligations	15c.		.	
15d. IRC section 179 expense	15d.		.	
15e. Other subtractions - specify: <u>STMT 2</u>	15e.	14311	.	
15f. Total subtractions (Add lines 15a through 15e)	15f.	14311	.	
16. Net partnership income (Subtract line 15f from line 14)	16.	213080	.	
17. Nonoperational income (loss) (from Schedule O, Part I, line 16)	17.		.	
18. Nonunitary partnership income (loss) (from Schedule A, Part III, line 2)	18.		.	
19a. Total operational income (Subtract lines 17 and 18 from line 16)	19a.	213080	.	
19b. Allocated operational income (Line 19a times bus. allocation % of 0459410 %)	19b.		.	97891
20. Nonoperational income (loss) (see instructions)	20.		.	.
21. Nonunitary partnership income (loss) (see instructions)	21.		.	.
22. Partnership income (loss) (see instructions)	22.	213080	.	97891
23a. Guaranteed payments to partners	23a.		.	
23b. Guaranteed payments to partners - pension	23b.		.	
23c. Net guaranteed payment to partners (Subtract line 23b from line 23a)	23c.		.	.
24. Net gain (loss) from disposition of assets as a result of complete liquidation	24.		.	.
25. Total Nonresident Noncorporate Partners Share of Tax (Line 2c, col. J of Dir.)	25.		.	.
26. Total Nonresident Corporate Partners Share of Tax (Line 2c, col. K of Directory)	26.		.	.

NJ-1065 (2023)

PAGE 3



043MP03230

SOLEPLY

853898824

1019

Partnership Filing Fee

1a. Number of Resident Partners	2	X \$150.00 =	1a.	-
1b. Number of Nonresident Partners with Physical Nexus to New Jersey		X \$150.00 =	1b.	-
1c. Number of Nonresident Partners without Physical Nexus to New Jersey		X \$150.00 X Corporation Allocation Factor =	1c.	-
1d. Filing Fee (Add lines 1a - 1c, but do not enter more than \$250,000)			1d.	0 -
2. Installment Payment			2.	-
3. Less: Pass-Through Bus. Alt. Inc. Tax Credit			3.	-
4. Less: Installment Payment from 2022			4.	-
5. Less: PART-200-T Payment			5.	-
6. Balance Due			6.	-
7. Refund			7.	-

Partners Directory

List all partners, including principal address. Add additional sheets as necessary.

1. Corporation Allocation Factor 0459410

Code	% owned by Partner	Final	SS Number or FEIN	Partner Name
RIG	05100		2803	DUSTIN BILLOW
	Partner Address			City
	401 SILVER HILL ROAD			CHERRY HILL
	ZIP Code			State
	08002			NJ
	C.			
	108671	D.		
			49925	E.
				F.
				G.
H.				
	I.			
		J.		
			K.	
				L.

Code	% owned by Partner	Final	SS Number or FEIN	Partner Name
RIG	04900		9460	THOMAS YODER, JR
	Partner Address			City
807 DOVER STREET				CHERRY HILL
	ZIP Code			
08002				
	C.	104409	D.	47967
			E.	
				F.
				G.
H.				
	I.			
		J.		
			K.	
				L.

A.	B.	C.	D.	E.	F.	G.
Code	% owned by Partner	Final	SS Number or FEIN		Partner Name	
			Partner Address		City	State
			ZIP Code			
H.		I.		J.	K.	L.

2a. Total this page.	Col. J	0	Col. K	0	Col. L	0
2b. Total from additional pages attached.	Col. J	0	Col. K	0	Col. L	0
2c. Total Tax (add Lines 2a and 2b)	Col. J	0	Col. K	0	Col. L	0

NJ-NR-A

(10-23)

New Jersey Gross Income Tax

Business Allocation Schedule
For Tax Years Beginning On and After January 1, 2023

Use this schedule if business activities are carried on both inside and outside New Jersey or if business activities are carried on 100% outside New Jersey.

For tax years beginning on and after January 1, 2023, services are sourced based on market sourcing, not cost of performance.

This form must be enclosed and filed with your New Jersey Income Tax return.

Enter name, address, and Social Security/federal employer identification number as shown on Form NJ-1040NR, NJ-1041, or NJ-1065.		
Legal name of taxpayer SOLEPLY	Social Security Number/Federal EIN 853898824	
Trade name of business if different from legal name above	For the Tax Year Ending (Month, Day, Year) 12/31/23	
Address (number and street or rural route) 807 DOVER STREET		
City or Post Office CHERRY HILL, NJ 08002	State	ZIP Code

Business Allocation Percentage		
Receipts:	Amount (omit cents)	
1. From sales of tangible personal property shipped to points within New Jersey	1.	5,077,576
2. From services, if the benefit of the service is received in New Jersey.....	2.	0
3. From rentals of property situated in New Jersey	3.	0
4. From royalties for the use in New Jersey of patents, copyrights, and trademarks	4.	0
5. All other business receipts earned in New Jersey	5.	0
6. Total New Jersey receipts (Total of lines 1 through 5).	6.	5,077,576
7. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere	7.	11,052,382
8. Business Allocation Percentage (Allocation Factor)(Divide line 6 by line 7). Carry the fraction to 6 decimal places and express as a percent.	8.	45.9410 %

NJ-1065		OTHER ADDITIONS	STATEMENT 1
DESCRIPTION		AMOUNT	
NEW JERSEY DEPRECIATION ADJUSTMENT		743,301.	
AMOUNT TO FORM NJ-1065, LINE 13B		743,301.	
NJ-1065		OTHER SUBTRACTIONS	STATEMENT 2
DESCRIPTION		AMOUNT	
50% OF MEALS AND ENTERTAINMENT		14,311.	
AMOUNT TO FORM NJ-1065, LINE 15G		14,311.	

GIT-DEP - Gross Income Tax Depreciation Adjustment Worksheet

Revised 8/19 1019

Name SOLEPLY		Social Security Number/FEIN 853898824	
For tax years beginning on or after January 1, 2004, use this worksheet to calculate the New Jersey depreciation adjustment required for assets placed in service on or after January 1, 2004, and for which any of the following criteria apply: <ul style="list-style-type: none"> • Federal Section 179 expense was deducted • Federal 50% Special Depreciation Allowance was deducted • Federal income includes Section 179 recapture income • Federal income includes a gain or loss from disposition of an asset for which a NJ depreciation adjustment was previously required. 			
Part I Complete Parts II, III, and IV as required and enter results on this worksheet			
1.	Total federal depreciation from Part II, column C	1.	858,221
2.	Total NJ Section 179 deduction allowable from Part II, column E; total cannot exceed \$25,000 unless Liberty Zone Property is included	2.	
3.	Total NJ depreciation allowable from Part II, column K	3.	114,920
4.	Subtotal (Subtract lines 2 and 3 from line 1)	4.	743,301
5.	Total NJ adjustment to federal 179 recapture income from Part III, column E	5.	
6.	Total NJ adjustment to federal gain (loss) on disposition of asset(s) from Part IV, column F	6.	
7.	New Jersey Depreciation Adjustment (total of lines 4, 5, and 6)	7.	743,301

Enter the amount from line 7, New Jersey Depreciation Adjustment, as a positive or negative amount on the applicable form, schedule, or worksheet as follows:

S corporation income

CBT-100S, Schedule K or Schedule K Liquidated, Part II, line 7

Publication GIT-9S, Worksheet B or Worksheet B - Liquidated, Part I, line 7

Partnership income

NJ-1065 - If a net addition, include on line 13b; if a net subtraction, include on line 15g.

Publication GIT-9P, Worksheet A - If a net addition, include on line 14b; if a net subtraction, include on line 16e.

Net profits from business

Enter on a schedule detailing the calculation of NJ net profits from business and attach to Forms NJ-1040, NJ-1040NR, NJ-1041

Income from rents, royalties, patents, and copyrights

Enter the total adjustments to income from lines 4 and 5 on:

NJ-1040, NJ-BUS-1, Part IV

NJ-1040NR, NJ-BUS-1, Part II

NJ-1041, NJ-BUS-1, Part II

Enter the adjustment to federal gain or loss on disposition from line 6 on:

NJ-1040, Schedule NJ-DOP

NJ-1040NR, Part I

NJ-1041, Schedule A

GIT-DEP - Gross Income Tax Depreciation Adjustment Worksheet

Revised 8/19 1019

Name SOLEPLY								Social Security Number/FEIN 853898824		
Part II Calculation of New Jersey Depreciation For tax years beginning on or after January 1, 2004, use this section to calculate the NJ basis for depreciation and the NJ depreciation allowable for assets placed in service on or after January 1, 2004, and for which Section 179 expense or federal 50% special depreciation allowance were deducted.										
A	B	C	D	E	F	G	H	I	J	K
Description of Property	Date Placed in Service	Current Year Federal Depreciation/179 Deducted	Federal Basis For Depreciation	NJ Section 179 Deduction	NJ Basis	Prior Year New Jersey Depreciation	NJ Current Year Basis	Federal Method of Depreciation	Life or Rate	New Jersey Depreciation Allowable
FURNITURE & FIXTURES - CHRISTIANA	07/03/23	3,248	3,920	0	3,920	0	3,920	200DB	7.0	560
FURNITURE & FIXTURES - CHRISTIANA	08/08/23	9,079	10,957	0	10,957	0	10,957	200DB	7.0	1,566
FURNITURE & FIXTURES - CHRISTIANA	08/31/23	1,389	1,676	0	1,676	0	1,676	200DB	7.0	240
FURNITURE & FIXTURES - OFFICE	03/28/23	5,113	6,170	0	6,170	0	6,170	200DB	7.0	882
FURNITURE & FIXTURES - PROVIDENCE	04/13/23	20,724	25,011	0	25,011	0	25,011	200DB	7.0	3,573
Totals		858,221	1,111,564		1,111,564	9,110	1,102,454			114,920

Instructions (for Liberty Zone Property, see General Instructions)

Column A: Classify consistent with Internal Revenue Code.

Column B: Clearly segregate property placed in service during each year.

Column C: Enter the total special depreciation allowance, 179 expense, and depreciation deducted for federal purposes for this year.

Column D: Enter federal basis for depreciation prior to special depreciation allowance, 179 expense, or depreciation deduction.

Column E: For the year placed in service, enter the NJ allowable Section 179 deduction, limited to a maximum of \$25,000 for all assets unless Liberty Zone Property is included.

Column F: Subtract column E from column D

Column G: Enter amounts from prior years' worksheets.

Column H: For the year placed in service, enter the amount from column F. For subsequent years, subtract column G from column D.

Column I: Use the same method that was used for federal purposes.

Column J: Use the same life that was used for federal purposes.

Column K: Calculate the NJ depreciation. The 30% special depreciation allowance is allowed only if it was taken for federal tax purposes.

The 50% special depreciation allowance is not permitted.

Enter the total of column C on Part I, line 1.

Enter the total of column E on Part I, line 2; total cannot exceed \$25,000 unless Liberty Zone Property is included.

Enter the total of column K on Part I, line 3

GIT-DEP - Gross Income Tax Depreciation Adjustment Worksheet

Revised 8/19 1019

Name SOLEPLY								Social Security Number/FEIN		
Part II Calculation of New Jersey Depreciation For tax years beginning on or after January 1, 2004, use this section to calculate the NJ basis for depreciation and the NJ depreciation allowable for assets placed in service on or after January 1, 2004, and for which Section 179 expense or federal 50% special depreciation allowance were deducted.										
A	B	C	D	E	F	G	H	I	J	K
Description of Property	Date Placed in Service	Current Year Federal Depreciation/179 Deducted	Federal Basis For Depreciation	NJ Section 179 Deduction	NJ Basis	Prior Year New Jersey Depreciation	NJ Current Year Basis	Federal Method of Depreciation	Life or Rate	New Jersey Depreciation Allowable
FURNITURE & FIXTURES - PROVIDENCE	06 08 23	2,778	3,352	0	3,352	0	3,352	200DB	7.0	479
FURNITURE & FIXTURES - PROVIDENCE	06 23 23	12,387	14,950	0	14,950	0	14,950	200DB	7.0	2,136
FURNITURE & FIXTURES - PROVIDENCE	07 03 23	8,066	9,735	0	9,735	0	9,735	200DB	7.0	1,391
FURNITURE & FIXTURES - SONO	02 06 23	11,963	14,438	0	14,438	0	14,438	200DB	7.0	2,063
FURNITURE & FIXTURES - SONO	02 27 23	4,108	4,958	0	4,958	0	4,958	200DB	7.0	709
Totals										

Instructions (for Liberty Zone Property, see General Instructions)

Column A: Classify consistent with Internal Revenue Code.

Column B: Clearly segregate property placed in service during each year.

Column C: Enter the total special depreciation allowance, 179 expense, and depreciation deducted for federal purposes for this year.

Column D: Enter federal basis for depreciation prior to special depreciation allowance, 179 expense, or depreciation deduction.

Column E: For the year placed in service, enter the NJ allowable Section 179 deduction, limited to a maximum of \$25,000 for all assets unless Liberty Zone Property is included.

Column F: Subtract column E from column D

Column G: Enter amounts from prior years' worksheets.

Column H: For the year placed in service, enter the amount from column F. For subsequent years, subtract column G from column D.

Column I: Use the same method that was used for federal purposes.

Column J: Use the same life that was used for federal purposes.

Column K: Calculate the NJ depreciation. The 30% special depreciation allowance is allowed only if it was taken for federal tax purposes.

The 50% special depreciation allowance is not permitted.

Enter the total of column C on Part I, line 1.

Enter the total of column E on Part I, line 2; total cannot exceed \$25,000 unless Liberty Zone Property is included.

Enter the total of column K on Part I, line 3

GIT-DEP - Gross Income Tax Depreciation Adjustment Worksheet

Revised 8/19 1019

Name SOLEPLY								Social Security Number/FEIN		
Part II Calculation of New Jersey Depreciation For tax years beginning on or after January 1, 2004, use this section to calculate the NJ basis for depreciation and the NJ depreciation allowable for assets placed in service on or after January 1, 2004, and for which Section 179 expense or federal 50% special depreciation allowance were deducted.										
A	B	C	D	E	F	G	H	I	J	K
Description of Property	Date Placed in Service	Current Year Federal Depreciation/179 Deducted	Federal Basis For Depreciation	NJ Section 179 Deduction	NJ Basis	Prior Year New Jersey Depreciation	NJ Current Year Basis	Federal Method of Depreciation	Life or Rate	New Jersey Depreciation Allowable
FURNITURE & FIXTURES - SONO	04 13 23	20,724	25,011	0	25,011	0	25,011	200DB	7.0	3,573
LEASEHOLD IMPROVEMENTS - CHRISTIANA	04 01 23	103,766	128,106	0	128,106	0	128,106	150DB	15.	6,406
LEASEHOLD IMPROVEMENTS - MPG	08 01 23	210,602	260,002	0	260,002	0	260,002	150DB	15.	13,000
LEASEHOLD IMPROVEMENTS - OFFICE	03 01 23	4,812	5,940	0	5,940	0	5,940	150DB	15.	297
LEASEHOLD IMPROVEMENTS - PROVIDENCE	01 01 23	124,269	153,419	0	153,419	0	153,419	150DB	15.	7,671
Totals										

Instructions (for Liberty Zone Property, see General Instructions)

Column A: Classify consistent with Internal Revenue Code.

Column B: Clearly segregate property placed in service during each year.

Column C: Enter the total special depreciation allowance, 179 expense, and depreciation deducted for federal purposes for this year.

Column D: Enter federal basis for depreciation prior to special depreciation allowance, 179 expense, or depreciation deduction.

Column E: For the year placed in service, enter the NJ allowable Section 179 deduction, limited to a maximum of \$25,000 for all assets unless Liberty Zone Property is included.

Column F: Subtract column E from column D

Column G: Enter amounts from prior years' worksheets.

Column H: For the year placed in service, enter the amount from column F. For subsequent years, subtract column G from column D.

Column I: Use the same method that was used for federal purposes.

Column J: Use the same life that was used for federal purposes.

Column K: Calculate the NJ depreciation. The 30% special depreciation allowance is allowed only if it was taken for federal tax purposes.

The 50% special depreciation allowance is not permitted.

Enter the total of column C on Part I, line 1.

Enter the total of column E on Part I, line 2; total cannot exceed \$25,000 unless Liberty Zone Property is included.

Enter the total of column K on Part I, line 3

GIT-DEP - Gross Income Tax Depreciation Adjustment Worksheet

Revised 8/19 1019

Name SOLEPLY							Social Security Number/FEIN			
Part II Calculation of New Jersey Depreciation For tax years beginning on or after January 1, 2004, use this section to calculate the NJ basis for depreciation and the NJ depreciation allowable for assets placed in service on or after January 1, 2004, and for which Section 179 expense or federal 50% special depreciation allowance were deducted.										
A	B	C	D	E	F	G	H	I	J	K
Description of Property	Date Placed in Service	Current Year Federal Depreciation/179 Deducted	Federal Basis For Depreciation	NJ Section 179 Deduction	NJ Basis	Prior Year New Jersey Depreciation	NJ Current Year Basis	Federal Method of Depreciation	Life or Rate	New Jersey Depreciation Allowable
LEASEHOLD IMPROVEMENTS - SONO	01 01 23	99,425	122,746	0	122,746	0	122,746	150DB	15.	6,138
VEHICLES - 2021 MERCEDES BENZ SPRINTER	07 01 23	50,368	59,961	0	59,961	0	59,961	200DB	5.0	11,992
VEHICLES - 2022 MERCEDES BENZ SPRINTER	01 01 23	55,636	66,233	0	66,233	0	66,233	200DB	5.0	13,247
VEHICLES - FORD F-650	03 31 23	106,948	127,319	0	127,319	0	127,319	200DB	5.0	25,464
FURNITURE & FIXTURES (PREVIOUS)	04 15 22	0	64,308	0	64,308	9,110	55,198	200DB	5.0	12,862
Totals										

Instructions (for Liberty Zone Property, see General Instructions)

Column A: Classify consistent with Internal Revenue Code.

Column B: Clearly segregate property placed in service during each year.

Column C: Enter the total special depreciation allowance, 179 expense, and depreciation deducted for federal purposes for this year.

Column D: Enter federal basis for depreciation prior to special depreciation allowance, 179 expense, or depreciation deduction.

Column E: For the year placed in service, enter the NJ allowable Section 179 deduction, limited to a maximum of \$25,000 for all assets unless Liberty Zone Property is included.

Column F: Subtract column E from column D

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Column H: For the year placed in service, enter the amount from column F. For subsequent years, subtract column G from column D.

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The 50% special depreciation allowance is not permitted.

Enter the total of column C on Part I, line 1.

Enter the total of column E on Part I, line 2; total cannot exceed \$25,000 unless Liberty Zone Property is included.

Enter the total of column K on Part I, line 3

GIT-DEP - Gross Income Tax Depreciation Adjustment Worksheet

Revised 8/19 1019

Name SOLEPLY								Social Security Number/FEIN		
Part II Calculation of New Jersey Depreciation For tax years beginning on or after January 1, 2004, use this section to calculate the NJ basis for depreciation and the NJ depreciation allowable for assets placed in service on or after January 1, 2004, and for which Section 179 expense or federal 50% special depreciation allowance were deducted.										
A	B	C	D	E	F	G	H	I	J	K
Description of Property	Date Placed in Service	Current Year Federal Depreciation/179 Deducted	Federal Basis For Depreciation	NJ Section 179 Deduction	NJ Basis	Prior Year New Jersey Depreciation	NJ Current Year Basis	Federal Method of Depreciation	Life or Rate	New Jersey Depreciation Allowable
FURNITURE & FIXTURES										
	06 08 23	2,816	3,352	0	3,352	0	3,352	200DB	5.0	671
Totals										

Instructions (for Liberty Zone Property, see General Instructions)

Column A: Classify consistent with Internal Revenue Code.

Column B: Clearly segregate property placed in service during each year.

Column C: Enter the total special depreciation allowance, 179 expense, and depreciation deducted for federal purposes for this year.

Column D: Enter federal basis for depreciation prior to special depreciation allowance, 179 expense, or depreciation deduction.

Column E: For the year placed in service, enter the NJ allowable Section 179 deduction, limited to a maximum of \$25,000 for all assets unless Liberty Zone Property is included.

Column F: Subtract column E from column D

Column G: Enter amounts from prior years' worksheets.

Column H: For the year placed in service, enter the amount from column F. For subsequent years, subtract column G from column D.

Column I: Use the same method that was used for federal purposes.

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Column K: Calculate the NJ depreciation. The 30% special depreciation allowance is allowed only if it was taken for federal tax purposes.

The 50% special depreciation allowance is not permitted.

Enter the total of column C on Part I, line 1.

Enter the total of column E on Part I, line 2; total cannot exceed \$25,000 unless Liberty Zone Property is included.

Enter the total of column K on Part I, line 3

GIT-DEP - Gross Income Tax Depreciation Adjustment Worksheet

Revised 8/19 1019

Name SOLEPLY			Social Security Number/FEIN 853898824	
Part III Calculation of Adjustment to Federal 179 Recapture Income For tax years beginning on or after January 1, 2004, if reported income includes the recapture of Section 179 expense on property placed in service on or after January 1, 2004, use this section to calculate the New Jersey adjustment to federal recapture income. A separate adjustment must be calculated for each asset on which there was recapture income.				
A	B	C	D	E
Asset	Date Placed In Service	NJ Section 179 Recapture Income	Federal Section 179 Recapture Income	New Jersey Adjustment to Federal Recapture Income
Totals				

Instructions

Column A: Identify the asset for which the federal recapture income was required.

Column B: Enter date the asset was placed in service.

Column C: Based on federal rules, calculate NJ Section 179 recapture income using amounts allowable for NJ tax purposes.

Column D: Enter the federal Section 179 recapture income that is included in income reported to NJ.

Column E: Subtract column D from column C. This is the NJ recapture income adjustment.

Enter the total of column E, as either a negative or positive, on Part I, line 5

GIT-DEP - Gross Income Tax Depreciation Adjustment Worksheet

Revised 8/19 1019

Name SOLEPLY				Social Security Number/FEIN 853898824	
Part IV Calculation of Adjustment to Federal Gain or Loss on Disposition of Asset For tax years beginning on or after January 1, 2004, use this section to calculate the NJ adjustment to federal gain or loss on disposition of an asset placed in service on or after January 1, 2004, for which Section 179 expense or federal 50% Special Depreciation Allowance were deducted.					
A	B	C	D	E	F
Asset	Date Placed in Service	Date of Disposition	Total NJ Depreciation Deducted	Total Federal Depreciation Deducted	Adjustment to Federal Gain (Loss)
Totals					

Instructions

Column A: Identify the asset disposed of.

Column B: Enter date the asset was placed in service.

Column C: Enter date of disposition.

Column D: Enter the total federal Section 179 expense, special allowance, and depreciation deducted for NJ tax purposes.

Column E: Enter the total federal Section 179 expense, special allowance, and depreciation deducted for federal tax purposes.

Column F: Subtract column E from column D. This is the NJ adjustment to the federal gain (loss) included in income.

Enter the total of column F, as either a negative or positive, on Part 1, line 6.

Schedule NJK-1**State of New Jersey
Partner's Share of Income****1019
2023**

(Form NJ-1065)

For Calendar Year 2023, or Fiscal Year Beginning _____, 2023 and ending _____.

Part I General Information

Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.) -2803	Partnership's Federal EIN 85-3898824
Partner's Name DUSTIN BILLOW	Partnership's Name SOLEPLY
Street Address 401 SILVER HILL ROAD	Partnership's Street Address 807 DOVER STREET
City State ZIP Code CHERRY HILL, NJ 08002	City State ZIP Code CHERRY HILL, NJ 08002
What type of entity is partner? <u>RIG</u> (see instructions) Date partner's interest in partnership began: <u>01/01/2021</u> Month Day Year <input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Hedge Fund <input type="checkbox"/> Amended NJK-1 <input type="checkbox"/> Member of Composite Return <input type="checkbox"/> If the partner is a disregarded entity, check the box and enter the partner's: Federal EIN Name	Enter partner's percentage of: (i) Before Decrease or Termination (ii) End of Year Profit Sharing <u>51.0000000</u> % <u>51.0000000</u> % Loss Sharing <u>51.0000000</u> % <u>51.0000000</u> % Capital Ownership <u>51.0000000</u> % <u>51.0000000</u> %

Part II Income Information

Income Classification	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (Loss)	108,671.		49,925.	
2. Net Guaranteed Payments				
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)	108,671.	Line 21	49,925.	Line 23
5. Pension		Line 20a		
6. Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation		Line 19		Line 19

Part III Partner's Information

1. Nonresident Partner's Share of NJ Tax	1.	Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041
2. Partner's HEZ Deduction	2.	
3. Partner's Sheltered Workshop Tax Credit	3.	
4. Share of Pass-Through Business Alternative Income Tax	4.	

Part IV Supplemental Information (Attach Schedule)**This Form May be Reproduced**

NJ NJK-1

GIT-DEP PRO-RATA SHARE

DESCRIPTION	AMOUNT	TOTAL
FEDERAL DEPRECIATION	437,693.	
NJ SECTION 179 DEDUCTION ALLOWABLE	0.	
NJ DEPRECIATION ALLOWABLE	58,609.	
SUBTOTAL		379,084.
NJ ADJUSTMENT TO FEDERAL 179 RECAPTURE INCOME	0.	
NJ ADJUSTMENT TO FEDERAL GAIN (LOSS) ON DISPOSITION OF ASSET(S)	0.	
SUBTOTAL		0.
NEW JERSEY DEPRECIATION ADJUSTMENT		379,084.

Schedule NJK-1

(Form NJ-1065)

**State of New Jersey
Partner's Share of Income****1019
2023**

For Calendar Year 2023, or Fiscal Year Beginning _____, 2023 and ending _____.

Part I General Information

Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.) -9460	Partnership's Federal EIN 85-3898824
Partner's Name THOMAS YODER, JR	Partnership's Name SOLEPLY
Street Address 807 DOVER STREET	Partnership's Street Address 807 DOVER STREET
City State ZIP Code CHERRY HILL, NJ 08002	City State ZIP Code CHERRY HILL, NJ 08002
What type of entity is partner? <u>RIG</u> (see instructions) Date partner's interest in partnership began: <u>01/01/2021</u> Month Day Year <input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Hedge Fund <input type="checkbox"/> Amended NJK-1 <input type="checkbox"/> Member of Composite Return <input type="checkbox"/> If the partner is a disregarded entity, check the box and enter the partner's: Federal EIN Name	Enter partner's percentage of: (i) Before Decrease or Termination (ii) End of Year Profit Sharing <u>49.0000000</u> % <u>49.0000000</u> % Loss Sharing <u>49.0000000</u> % <u>49.0000000</u> % Capital Ownership <u>49.0000000</u> % <u>49.0000000</u> %

Part II Income Information

Income Classification	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (Loss)	104,409.		47,967.	
2. Net Guaranteed Payments				
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)	104,409.	Line 21	47,967.	Line 23
5. Pension		Line 20a		
6. Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation		Line 19		Line 19

Part III Partner's Information

1. Nonresident Partner's Share of NJ Tax	1.	Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041
2. Partner's HEZ Deduction	2.	
3. Partner's Sheltered Workshop Tax Credit	3.	
4. Share of Pass-Through Business Alternative Income Tax	4.	

Part IV Supplemental Information (Attach Schedule)

This Form May be Reproduced

NJ NJK-1 GIT-DEP PRO-RATA SHARE

DESCRIPTION	AMOUNT	TOTAL
FEDERAL DEPRECIATION	420,528.	
NJ SECTION 179 DEDUCTION ALLOWABLE	0.	
NJ DEPRECIATION ALLOWABLE	56,311.	
SUBTOTAL		364,217.
NJ ADJUSTMENT TO FEDERAL 179 RECAPTURE INCOME	0.	
NJ ADJUSTMENT TO FEDERAL GAIN (LOSS) ON DISPOSITION OF ASSET(S)	0.	
SUBTOTAL		0.
NEW JERSEY DEPRECIATION ADJUSTMENT		364,217.

IMPORTANT: The federal Office of Foreign Assets Control has imposed additional reporting requirements on all electronic banking transactions that directly involve a financial institution outside of the territorial jurisdiction of the U.S. These transactions are called international ACH transactions (IAT). Presently, the PA Department of Revenue does not support IAT ACH debit transactions. Taxpayers who instruct the department to process electronic banking transactions on their behalf are certifying that the transactions do not directly involve a financial institution outside of the territorial jurisdiction of the U.S. at any point in the process.

SECTION III

CERTIFICATION AND AUTHENTICATION

The PA Department of Revenue requires the ERO to enter its six-digit EFIN followed by its five-digit federal self-selected PIN, sign this form thereby verifying its federal self-selected PIN, participation in the Practitioner PIN Program and the financial institution for the withdrawal of funds is within the territorial jurisdiction of the U.S. and retain this form and the supporting documents for three years.

PURPOSE OF ELECTRONIC SIGNATURE SPECIFICATIONS

The electronic signature specifications identifies the perjury, consent to disclosure and electronic funds withdrawal text selections used to develop jurat language statements for electronic filing tax preparation software where the practitioner federal self-selected PIN method is selected. The software must provide the capability to incorporate these into the appropriate text for presentation to a taxpayer for their review.

PERJURY STATEMENT

Under penalties of perjury, I declare I am a general partner, limited liability company member, S corporation officer, authorized partner or representative of the above entity, and I have examined a copy of the entity's 2023 electronic PA S Corporation/ Partnership Information Return (PA-20S/PA-65) and/or Directory of Corporate Partners (PA-65 Corp) and accompanying schedules and statements. To the best of my knowledge and belief, all are true, correct and complete.

CONSENT TO DISCLOSURE

I consent to allow my electronic return originator (ERO) or transmitter to send the entity's return to the Internal Revenue Service (IRS) and subsequently by the IRS to the PA Department of Revenue.

ELECTRONIC FUNDS WITHDRAWAL CONSENT

I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds

withdrawal from the account designated in the electronic payment portion of my 2023 PA S Corporation/Partnership Information Return (PA-20S/ PA-65) - Directory of Corporate Partners (PA-65 Corp) for payment of my Pennsylvania withholding. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment to receive confidential information necessary to answer inquiries and resolve issues related to my payment.

I understand that the federal Office of Foreign Assets Control has imposed additional reporting requirements on all electronic banking transactions that directly involve a financial institution outside of the territorial jurisdiction of the U.S. These transactions are called international ACH transactions (IAT). I understand that presently the PA Department of Revenue does not support IAT ACH debit transactions. I certify that the transactions do not directly involve a financial institution outside of the territorial jurisdiction of the U.S. at any point in the process.

To revoke a payment, I must notify the PA Department of Revenue no later than two business days prior to the debit date. I understand that notification must be made by email to ra-achrevok@pa.gov or fax at 717-772-9310.

SIGNATURE OF THE GENERAL PARTNER, LIMITED LIABILITY COMPANY MEMBER, S CORPORATION OFFICER, AUTHORIZED PARTNER OR REPRESENTATIVE

I am signing this return and Electronic Funds Withdrawal Consent, if applicable, by entering my federal self-selected PIN below.

AUTHORIZED PIN: 12345

DATE: _____

ELECTRONIC RETURN ORIGINATOR DECLARATION

I declare that the information contained in this electronic return is the information furnished to me by the entity. If the entity furnished to me a completed return, I declare the information contained in this electronic return is identical to that contained in the return provided by the entity. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare I have examined this electronic return, and to the best of my knowledge and belief it is true, correct and complete.

ELECTRONIC RETURN ORIGINATOR SIGNATURE

I am signing this return by entering my federal self-selected PIN below.

ERO PIN: 226775 and 12345
(EFIN) (PIN)

ES PMT

**Pennsylvania Partnership and S Corporation
Tentative Nonresident Withholding Tax Worksheet**

2024

Net tentative nonresident withholding tax	<u>1320</u>
Less amount paid toward 2024 estimate	<u> </u>
Tentative tax liability	<u>1320</u>

PA-20S/PA-65
(09-23) (Page 1 of 3)

2023 Pennsylvania
PA S Corporation/Partnership Information Return
ENTER ONE LETTER OR NUMBER IN EACH BOX.

Filing Status: PA-20S N PA-65 Y P-S K0Z N

853898824 C 458210 N Inactive

SOLEPLY

807 DOVER STREET

Fiscal Year: N
52/53 Week N
Short Year N

CHERRY HILL NJ 08002

Extension Requested Y

Initial Year Y

Final Return N

FEIN/Name/Address
Change N

Amended Information
Return N

Accounting Method: C
A=Accrual, C=Cash,
O=Other, Describe

Date activity
began in PA 01012021

SECTION I. Total Taxable Business Income (Loss) from Operations Everywhere

- 1a Taxable Business Income (Loss) from Operations Everywhere
1b Share of Business Income (Loss) from All Other Entities
1c **Total Income (Loss).** Add Line 1a and Line 1b
1d Previously Disallowed CNI Deductions - **PA S Corporations only**
1e **Total Adjusted Business Income (Loss).** Subtract Line 1d from Line 1c

1a 271382
1b 0
1c 271382
1d 0
1e 271382

SECTION II. Apportioned/Allocated PA-Taxable Business Income (Loss)

- 2 Net Business Income (Loss)
(2a = Outside PA) (2e = PA Source)
2 Share of Business Income (Loss) from Other Entities
(2b = Outside PA) (2f = PA Source)
2 Previously Disallowed PA Source CNI Deductions - **PA S Corporations only**
(2c = Outside PA) (2g = PA Source)
2 Calculate Adjusted/Apportioned Net Business Income (Loss)
(2d = Outside PA) (2h = PA Source)

2a 228454
2e 42928
2b 0
2f 0
2c 0
2g 0
2d 228454
2h 42928

SECTION III. Allocated Other PA PIT Income (Loss)

- 3 Interest Income from PA Schedule A
4 Dividend Income from PA Schedule B
5 Net Gain (Loss) from PA Schedule D
(5a = Outside PA) (5b = PA Source)
6 Rent/Royalty Net Income (Loss) from PA Schedule M, Part B
(6a = Outside PA) (6b = PA Source)
7 Estates or Trusts Income from PA Schedule J
(7a = Outside PA) (7b = PA Source)
8 Gambling and Lottery Winnings (Loss) from PA Schedule T
(8a = Outside PA) (8b = PA Source)
9 **Total Other PA PIT Income (Loss)**

3 0
4 0
5a 0
5b 0
6a 0
6b 0
7a 0
7b 0
8a 0
8b 0
9 0

CCH 374501 11-17-23

SUBMIT ALL SUPPORTING SCHEDULES



2306013125

EC	OFFICIAL USE ONLY	FC

2306113131

PA-20S/PA-65 - 2023
(09-23) (Page 2 of 3)

853898824 C SOLEPLY

SECTION IV. Total PA S Corporation or Partnership Income (Loss)

10	Total Income (Loss) per Books and Records	10	- 530472
11	Total Reportable Income (Loss). Add Lines 1e and 9 or Add Lines 2h and 9	11	42928
12	Total Nontaxable/Nonreportable Income (Loss). Subtract Line 11 from Line 10	12	- 573400

SECTION V. Pass Through Credits - See the PA-20S/PA-65 instructions

13a	Total Other Credits. Submit PA-20S/PA-65 Schedule OC	13a	0
13b	Resident Credit	13b	0
14a	PA 2023 Quarterly Tax Withholding/Extension Payments for Nonresident Owners	14a	0
14b	Final Payment of Nonresident Withholding Tax	14b	1318
14c	Total PA Income Tax Withheld. Add Lines 14a and 14b	14c	1318

SECTION VI. Distributions - See the PA-20S/PA-65 instructions**Partnerships Only**

15	Distributions of Cash, Marketable Securities, and Property	15	122168
16	Guaranteed Payments for Capital or Other Services	16	0
17	All Other Guaranteed Payments for Services Rendered	17	0
18	Guaranteed Payments to Retired Partners	18	0

Distributions - See the PA-20S/PA-65 instructions**PA S Corporations Only**

19	Distributions from PA Accumulated Adjustments Account	19	0
20	Distributions of Cash, Marketable Securities, and Property	20	0

SECTION VII. Other Information - See the PA-20S/PA-65 instructions for each line

1	During the entity's tax year, did the entity own any interest in another partnership or in any foreign entity that was disregarded as an entity separate from its owner under federal regulations Sections 301.7701-2 and 301.7701-3? If yes, submit statement.	1	N
2	Does the entity have any tax-exempt partners/members/shareholders? If yes, submit statement.	2	N
3	Does the entity have any foreign partners/members/shareholders (outside the U.S.)? If yes, submit statement.	3	N
4	Was there a distribution of property or a transfer (e.g., by sale or death) of a partner/member interest during the tax year? (Partnership only) If yes, submit statement.	4	N
5	Has the federal government changed taxable income as originally reported for any prior period? If yes, indicate period on supplemental statement, and submit final IRS determination paperwork.	5	N
6	Does the entity elect to be subject to assessment at the entity level under Act 52 of 2013?	6	N
7	Is this entity involved in a reportable transaction, listed transaction, or registered tax shelter within this return? If yes, submit statement.	7	N
8	Does the entity filing as a partnership have other partnerships as partners?	8	N
9	Has the entity sold any tax credits? If yes, submit statement.	9	N
10	Has the entity changed its method of accounting for federal income tax purposes during this tax year? If yes, submit federal Form 3115.	10	N
11	Has the entity elected to pay an entity level tax in another state? If yes, submit a statement listing which state(s).	11	N
12	PA Apportionment as reported on PA-20S/PA-65 Schedule H-Corp	12	0000000



2306113131

2306113131

2306213147

PA-20S/PA-65 - 2023
(09-23) (Page 3 of 3)

853898824 C SOLEPLY

SECTION VIII. PA S Corporations Only - Accumulated Adjustments Account (AAA) and Accumulated Earnings and Profits (AE&P)

		AAA	AE&P
1	Balance at the beginning of the taxable year.	0	0
2	Total reportable income from Section IV, Line 11	0	N/A
3	Other additions. Submit an itemized statement.	0	0
4	Loss from Section IV, Line 11	0	N/A
5	Other reductions. Submit an itemized statement.	0	0
6	Sum of Lines 1 through 5	0	0
7	Distributions	0	0
8	Balance at taxable year-end. Subtract Line 7 from Line 6.	0	0

SECTION IX. Ownership In Pass Through Entities If the entity received income (loss) from an S corporation, partnership, estate or trust, limited liability company, qualified subchapter S subsidiary (QSSS) or disregarded entity, list below the FEIN, name and address for each entity. If the income (loss) is from a QSSS, enter "yes" in the QSSS box. If the income (loss) is from a disregarded entity other than a QSSS, enter "yes" in the D box. See Instructions for further details.

FEIN	QSSS	D	NAME & ADDRESS
------	------	---	----------------

A

B

C

D

SECTION X. Signature and Verification

Under penalties of perjury, I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of paid preparer is based on all information of which preparer has any knowledge.

Print/Type name of general partner, principal officer or authorized individual THOMAS YODER JR	Signature of general partner, principal officer or authorized individual	Date	Daytime Phone no. 8566854864
--	--	------	--

Paid Preparer's Use Only

Print/Type preparer's name LEE SHEILDS	Preparer's signature	Date 04/01/24	Check if self-employed
--	----------------------	-------------------------	------------------------

Firm's name (or yours if self-employed) MARCUM LLP	Daytime Phone no. 8568301600
Firm's address 601 ROUTE 73 NORTH, SUITE 400 MARLTON, NJ 080	

374503 11-17-23 CCH

E-File Opt Out N

Preparer's PTIN

Firm's FEIN

P00028346

111986323



2306213147

2306213147

PARTNER/MEMBER/
SHAREHOLDER DIRECTORY - 2023
PA-20S/PA-65 Directory (10-23)

SOLEPLY

853898824 C

The entity must list its partners/members/shareholders on this schedule. **CODE** - Enter the type of owner code: **RI**=Resident Individual, **NR**=Nonresident Individual, **PI**=Part-year Resident Individual (S Corp Only), **P**=Partnership, **C**=C Corp, **E**=Estate, **T**=Trust, **S**=S Corp, **L**=LLC taxed as a Partnership, **LC**=LLC taxed as a C Corp, **LS**=LLC taxed as an S Corp, **DE**=Disregarded Entity, **B**=Bank/Financial Institution, **I**=Insurance Company, **X**=Exempt **SSN/FEIN; Ownership %** - (enter each owner's percentage); and **Name and Address**.

1 Code NR SSN/FEIN [REDACTED] 2803 Ownership % 05100000

Name & Address: DUSTIN BILLOW
401 SILVER HILL ROAD
CHERRY HILL NJ 08002

2 Code NR SSN/FEIN [REDACTED] 9460 Ownership % 04900000

Name & Address: THOMAS YODER JR
807 DOVER STREET
CHERRY HILL NJ 08002

3 Code SSN/FEIN Ownership %

Name & Address:

4 Code SSN/FEIN Ownership %

Name & Address:

5 Code SSN/FEIN Ownership %

Name & Address:

6 Code SSN/FEIN Ownership %

Name & Address:



2307613733

PA-20S/PA-65 Schedule NRK-1 (08-23)
2023 Nonresident Schedule
of Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits

2803

BILLOW

DUSTIN

Final N

401 SILVER HILL ROAD

(Individual=I, S Corp=S, C Corp=C, Estate=E, Trust=T,
Partnership=P, LLC=L, Exempt=X, Disregard Entity=D)
If Owner is D Fill in FEIN

Owner Type I

Amended N

CHERRY HILL NJ 08002

Shareholder's Stock Ownership % 00000

SOLEPLY

Partner's % of:
Profit sharing % 05100

CHERRY HILL NJ 08002 853898824

Loss sharing % 05100

Fiscal Year N (Estate=E, Trust=T, Partnership=P, S Corp=S, LLC=L) P
52/53 Week N General Partner or Limited Partner or
Short Year N LLC Member-Manager Y Other LLC Member N

Capital
Ownership % 05100
Included on
PA-40 NRC Return N

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

SECTION
III

- 1 PA-Taxable Business Income (Loss) from Operations
2 Net Gain (Loss) from the Sale, Exchange or Disposition of Property
3 Net Income (Loss) from Rents, Royalties, Patents and Copyrights
4 Income of/from Estates or Trusts
5 Gambling and Lottery Winnings (Loss)

1 21893
2 0
3 0
4 0
5 0

SECTION
IV

- 6 PA Nonresident Tax Withheld
7 Total Other Credits. Submit statement.
8 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments
9 Guaranteed Payments for Capital or Other Services
10 All Other Guaranteed Payments for Services Rendered (PA-Appportioned Amount Only)
11 Guaranteed Payments to the Retired Partner

6 672
7 0
8 72445
9 0
10 0
11 0

SECTION
V
VI
VII

- 12 Distributions from PA Accumulated Adjustments Account Liquidating N
13 Distributions of Cash, Marketable Securities, and Property
14 Nontaxable income (loss) or nondeductible expenses required to calculate owner's economic investment. Submit statement.
Note: Lines 15 through 18 are for information purposes only.
15 Owner's Share of IRC Section 179
16 Owner's Share of Straight-Line Depreciation
17 Partner's Share of Nonrecourse Liabilities at year-end
18 Partner's Share of Recourse Liabilities at year-end

12 0
13 0
14 0
15 0
16 0
17 0
18 289535



PA-20S/PA-65 Schedule NRK-1 (08-23)
2023 Nonresident Schedule
of Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits

9460

YODER JR

THOMAS

Final N

807 DOVER STREET

(Individual=I, S Corp=S, C Corp=C, Estate=E, Trust=T,
Partnership=P, LLC=L, Exempt=X, Disregard Entity=D)
If Owner is D Fill in FEIN

Owner Type I

CHERRY HILL NJ 08002

Amended N

Shareholder's Stock Ownership % 00000

SOLEPLY

Partner's % of:
Profit sharing % 04900

CHERRY HILL NJ 08002 853898824

Loss sharing % 04900

Fiscal Year N (Estate=E, Trust=T, Partnership=P, S Corp=S, LLC=L) P
52/53 Week N General Partner or Limited Partner or
Short Year N LLC Member-Manager Y Other LLC Member N

Capital
Ownership % 04900
Included on
PA-40 NRC Return N

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

SECTION I
1 PA-Taxable Business Income (Loss) from Operations
2 Net Gain (Loss) from the Sale, Exchange or Disposition of Property
=3 Net Income (Loss) from Rents, Royalties, Patents and Copyrights
4 Income of/from Estates or Trusts
5 Gambling and Lottery Winnings (Loss)

SECTION III
6 PA Nonresident Tax Withheld
=7 Total Other Credits. Submit statement.
8 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments
9 Guaranteed Payments for Capital or Other Services
SECTION IV
10 All Other Guaranteed Payments for Services Rendered (PA-Appportioned Amount Only)
11 Guaranteed Payments to the Retired Partner

SECTION V
12 Distributions from PA Accumulated Adjustments Account Liquidating N
13 Distributions of Cash, Marketable Securities, and Property
14 Nontaxable income (loss) or nondeductible expenses required to calculate owner's economic investment. Submit statement.
SECTION VI
VI Note: Lines 15 through 18 are for information purposes only.
15 Owner's Share of IRC Section 179
16 Owner's Share of Straight-Line Depreciation
SECTION VII
17 Partner's Share of Nonrecourse Liabilities at year-end
18 Partner's Share of Recourse Liabilities at year-end

1	21035
2	0
3	0
4	0
5	0
6	646
7	0
8	49723
9	0
10	0
11	0
12	0
13	0
14	0
15	0
16	0
17	0
18	278181



PA SCHEDULE A
Interest Income

2308610027

PA-20S/PA-65 A (DR) 04-23 (I) **2023**
PA Department of Revenue

OFFICIAL USE ONLY

Name as shown on PA-20S/PA-65 Information Return	FEIN
SOLEPLY	853898824

1	Interest income from federal Schedule K	1	2
2	Less business or rental interest income (working capital) - report on PA-20S/PA-65 Schedule M, Part I	2	0
3	Adjusted federal interest income - subtract Line 2 from Line 1	3	2
4	Federal-exempt interest income taxable for PA PIT - itemize below	4	0
5	Other interest income not included on Line 3 and Line 4	5	0
6	Gross PA interest income - add Lines 3 through 5	6	2
7	PA-exempt interest income included on Line 6 - itemize below	7	0
8	PA-taxable interest income - subtract Line 7 from Line 6. Enter the result on the PA-20S/PA-65 Information Return, Page 1, Section III, Line 3.	8	2
Federal-exempt interest income - list sources and amounts			
			0
			0
			0
			0
			0
			0
			0
			0
			0
PA-exempt interest income - list sources and amounts			
			0
			0
			0
			0
			0
			0
			0
			0
			0



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PA SCHEDULE H

2306910023

Apportioned Business Income

(Loss)/Calculation of PA Net

Business Income (Loss)

PA-20S/PA-65 H (DR) 04-23 (I)

PA Department of Revenue

2023

OFFICIAL USE ONLY

Name as shown on PA-20S/PA-65 Information Return
SOLEPLY

FEIN

85-3898824**APPORTIONED INCOME (LOSS) FROM A BUSINESS, PROFESSION, OR FARM DERIVED FROM SOURCES BOTH WITHIN AND OUTSIDE PENNSYLVANIA.**

Complete this schedule and submit it with the PA-20S/PA-65 Information Return if a PA S corporation, partnership or limited liability company filing as a partnership or PA S corporation for federal income tax purposes derives business income from sources within and outside Pennsylvania or is located in a KOZ. If one or more of the partners is a C corporation, the partnership must also complete PA-20S/PA-65 Schedule H-Corp and submit a copy to each corporate partner. **DO NOT USE THIS SCHEDULE TO APPORTION PA-SOURCE INCOME FROM OTHER ENTITIES.**

The entity must calculate a figure as required in 1C, 2C and 3C to apply to net business income (loss) to determine the amount from within Pennsylvania. Line 5 is an average of the sum of three fractions shown below.

NET BUSINESS INCOME (LOSS) APPORTIONMENT FORMULA

Submit a statement listing all places BOTH WITHIN AND OUTSIDE PENNSYLVANIA where the entity operates its business.

TABLE 1 - PROPERTY FACTOR	Description	Total Everywhere	Within Pennsylvania
Real and Tangible Property Owned (original cost value)			
	Land and Buildings, including property rented *	8562672	1254136
	Machinery and Equipment, including property rented *		
	Furniture and Fixtures, including property rented *	126074	0
	Automobiles and Trucks, including property rented *	138773	0
	Inventories	1930137	337592
	Other Tangible Property, including property rented *	335107	0
Total Property		1 (A) 11092763	1 (B) 1591728

*Eight times net annual rental rate (Attach Schedule)

1C Property factor (divide 1(B) by 1(A) - calculate to six decimal places) **•143492**

TABLE 2 - PAYROLL FACTOR	Description	Total Everywhere	Within Pennsylvania
Wages, salaries, commissions and other compensation			
	to employees in:		
	Cost of goods sold		
	Compensation of officers		
	Salesmen's salaries and commissions		
	Other	1756662	274298
Total Payroll		2 (A) 1756662	2 (B) 274298

2C Payroll factor (divide 2(B) by 2(A) - calculate to six decimal places) **•156147**

TABLE 3 - SALES FACTOR	Description	Total Everywhere	Within Pennsylvania
Sales (Net of Returns and Allowances)		11052382	1933125
Interest, Dividends, Rents, Royalties			
Other Income (receipts only)			
Gross Sales Price of Assets (except securities**)			
Total Sales		3 (A) 11052382	3 (B) 1933125

**Unless you are a securities dealer

3C Sales factor (divide 3(B) by 3(A) - calculate to six decimal places) **•174906**

1	Real and Tangible Property. Enter the amount from Line 1C.	1	•143492
2	Wages, Salaries, Commissions, and Other Compensation. Enter the amount from Line 2C.	2	•156147
3	Sales. Enter the amount from Line 3C.	3	•174906
4	Total Lines 1 through 3.	4	•474545
5	Apportionment - Divide Line 4 by 3, if all three factors apply; by 2, if only two factors apply; or by 1, if only one factor applies. Calculate to six decimal places.	5	•158182
6	Total Net Income (Loss) from business. Schedule M, Part II, Section VII, Line 2	6	271382
7	Net Income (Loss) for Pennsylvania. Multiply Line 6 by Line 5. Enter on the PA-20S/PA-65 Information Return, Section II, Line 2e.	7	42928

Special Apportionment to be completed only by railroad, truck, bus, and airline entities, pipeline or natural gas entities and water transportation entities.

(Refer to PA-20S/PA-65 Schedule H instructions) (A) Numerator (A) _____ = •
(B) Denominator (B) _____



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PA SCHEDULE M - 2023

Reconciliation of Federal-Taxable Income (Loss)

to PA-Taxable Income (Loss)

PA-20S/PA-65 M (09-23)

PA Department of Revenue

SOLEPLY

85-3898824

PA Schedule M, Part I. Classifying Federal Income (Loss) for PA Personal Income Tax Purposes

Classify, without adjustment, the federal income (loss) from Schedule K of federal Form 1120S or from Schedule K of federal Form 1065. The entity must allocate or apportion the amounts from the federal categories to the reportable PA PIT classes. The total of the specific federal line items should equal the total of the federal schedule.

Federal Form Form 1120S, Schedule K line description Form 1065, Schedule K line description	Classified for Pennsylvania Personal Income Tax purposes					
	(a) Federal Income (loss)	(b) PA Business Income (loss)	(c) Interest Income PA Schedule A	(d) Dividend Income PA Schedule B	(e) Gain (loss) From Sales PA Schedule D	(f) Rent & Royalty Income (loss) PA Schedule E
1 Ordinary income (loss) from trade or business activities	- 515912	- 515912	0	0	0	0
2 Net income (loss) from rental real estate activities	0	0	0	0	0	0
3 Other net rental income (loss)	0	0	0	0	0	0
4 Interest income	2	0	2	0	0	0
5 Dividends	0	0	0	0	0	0
6 Royalty income	0	0	0	0	0	0
7 Net short-term capital gain (loss)	0	0	0	0	0	0
8 Net long-term capital gain (loss)	0	0	0	0	0	0
9 Net gain (loss) from disposal of IRC Section 179 property	0	0	0	0	0	0
10 Net IRC Section 1231 gain (loss) from Form 4797	0	0	0	0	0	0
11 Other income (loss)	0	0	0	0	0	0
12 Total Federal income (loss) by Pennsylvania classification. Total the amounts in each column.	- 515910	- 515912	2	0	0	0

374661 11-17-23 CCH



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PA SCHEDULE M - 2023
Reconciliation of Federal-Taxable Income (Loss)
to PA-Taxable Income (Loss)
PA-20S/PA-65 M (09-23)
PA Department of Revenue

SOLEPLY

85-3898824

PA Schedule M, Part II. Determining PA Reportable Income (Loss) by Classification

The entity may need to prepare a PA Schedule M, Part II, if it must make adjustments to properly determine its reportable classified income (loss) for its PA-20S/PA-65 Information Return. This specific list of adjustments applies to income (loss) from a business or farm and rental/royalty income (loss).

Enter whole dollars only.

	PA Allocated Income (Loss)	Total Rental Income (Loss) or Total Business Income (Loss) Before Apportionment
Section I. Federal Classified Income (Loss). Income class from Part I, Column: B 1	0	2 - 515912

Enter the initial of Column (b) or (f) only.

Section II. Itemize income adjustments that increase PA reportable income (reduce the loss).

a Deferred income relating to advance payments for goods and services	1	0	2	0
b Difference in qualified gain (loss) for each business sale of property	3	0	4	0
c RESERVED FOR FUTURE USE				
d RESERVED FOR FUTURE USE				
e Income from cancellation of debt that PA treats differently from federal rules	9	0	10	0
f Increases in income in the year of change resulting from spread in the year of change associated with IRC Section 481(a) adjustment	11	0	12	0
g Income from obligations of other states and organizations that is not exempt for PA purposes	13	0	14	0
h Other income adjustments that increase PA-reportable income. Submit statement	15	0	16	0
II. Total	17	0	18	0

Section III. Itemize income adjustments that decrease the PA reportable income (increase the loss).

a Difference in qualified gain (loss) for each business sale of property	1	0	2	0
b Income from obligations of the U.S. government and other organizations that is not taxable for PA purposes	3	0	4	0
c Decreases for previously reported income in prior year resulting from spread associated with IRC Section 481(a)	5	0	6	0
d Other income adjustments that decrease PA-reportable income. Submit statement	7	0	8	0
III. Total	9	0	10	0

Section IV. Adjusted PA Reportable Income. See PA-20S/PA-65 Schedule M instructions.

Section V. Itemize those expenses that PA law does not allow that the entity deducted on its federal form.

These adjustments increase PA reportable income (reduce the loss).

a Taxes paid on income. Submit REV-1190	1	0	2	0
b Differences in depreciation/amortization taken for PA and federal purposes	3	0	4	0
c Key man life insurance premiums (owners as beneficiaries)	5	0	6	0
d Differences in PA treatment of guaranteed payments for capital	7	0	8	0
e Differences in depreciation for bonus depreciation (PA law does not allow bonus depreciation.)	9	0	10	801605
f Expense adjustments to qualify for the PA credits claimed in Section V of the PA-20S/PA-65	11	0	12	0
g Other expenses the entity deducted on its federal return that PA does not allow. Submit statement	13	0	14	0
V. Total	15	0	16	801605

Section VI. Itemize those expenses that PA law allows that the entity could not deduct on its federal form.

These adjustments decrease PA reportable income (increase the loss).

a Business meals and entertainment expenses that the entity could not deduct	1	0	2	14311
b Sales tax on depreciable assets	3	0	4	0
c Differences in depreciation/amortization taken for PA and federal purposes	5	0	6	0
d IRC Section 179 expenses	7	0	8	0
e Expenses for employees, including PA S corporation shareholder-employees	9	0	10	0
f Life insurance premiums (PA S corporation or partnership as beneficiary)	11	0	12	0
g Expense adjustments to qualify for federal credits	13	0	14	0
h Current expensing of Intangible Drilling costs - Schedule I, Line 5	15	0	16	0
i Other expenses PA allows that the entity did not deduct on the federal return. Submit statement	17	0	18	0
VI. Total	19	0	20	14311

Section VII. Total Taxable Income (Loss). Add Section IV, plus V, minus VI.

1	0	2	271382
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PA SCHEDULE NW - 2023
PA-20S/PA-65 Nonresident Tax Withheld by
PA S Corporations and Partnerships (09-23)
PA Department of Revenue

SOLEPLY

85-3898824

Amended Schedule

N

DO NOT WITHHOLD FOR PARTNERSHIP, S CORPORATION OR LIMITED LIABILITY COMPANY OWNERS.

SECTION I - NONRESIDENT TAX WITHHELD BY PA S CORPORATIONS AND PARTNERSHIPS

Use this section to list all the withholding and extension payments that the PA S corporation, partnership or limited liability company filing as a partnership or PA S corporation for federal income tax purposes made on behalf of individuals, estate or trust owners that were not residents of Pennsylvania during the taxable year.

A	PA Tax Due on PA-Taxable Income to Nonresident Individuals, Estates, or Trusts.	A	1318
B	Nonresident Withholding Payments, Extension Payment and Carry-forward Credits during the Entity's Taxable Year:		0 0 0 0 0 0 0 0 0 0
	Total Nonresident Withholding Payments, Extension Payment and Carry-forward Credits. Enter here and on the PA-20S/PA-65 Information Return, Section V, Line 14a.	B	0
C	Payment remitted with the PA-40NRC, Nonresident Consolidated Tax Return, if qualifying nonresident individual owners elect to participate in a group return.	C	0
D	Reconciliation Payment. Subtract B and C from A, and enter here and on the PA-20S/PA-65 Information Return Section V, Line 14b. Pay any balance due with the PA-20S/PA-65 Information Return.	D	1318

DO NOT USE SCHEDULE NW TO SUBMIT A PAYMENT; IT IS NOT A VOUCHER.
DO NOT INCLUDE ANY WITHHOLDING FROM 1099 FORMS AS A PAYMENT ON LINES B THROUGH D.



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PA SCHEDULE NW - 2023

PA-20S/PA-65 Nonresident Tax Withheld by
PA S Corporations and Partnerships (09-23)
PA Department of Revenue

SOLEPLY

85-3898824

Amended Schedule

N

SECTION II - NONRESIDENT INDIVIDUAL, ESTATE OR TRUST INFORMATION

	SSN/FEIN	Tax Form	Nonresident Individual, Estate or Trust Name	Total Other Credits From PA NRK-1 Line 7	Nonresident Tax Withheld From PA NRK-1 Line 6
A	2803	P	DUSTIN BILLOW	0	672
B	9460	P	THOMAS YODER, JR	0	646
C				0	0
D				0	0
E				0	0
F				0	0
G				0	0
H				0	0
I				0	0
J				0	0
K				0	0
L				0	0
M				0	0
N				0	0
O				0	0
P				0	0
Q				0	0
R				0	0
S				0	0
T				0	0
U				0	0
V				0	0
W				0	0
X				0	0
Y				0	0
Z				0	0
1	Total Nonresident Tax Withheld on this page.				1318
2a	Number of additional pages included.				0
2b	Total of Line 1 for all additional pages.				0
3	Total Nonresident Tax Withheld. Add Lines 1 and 2(b).				1318



2309115513

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Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OTHER

1

OMB No. 1545-0172

2023Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SOLELY

OTHER DEPRECIATION

85-3898824

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		256,865.	5 YRS.	HY	SL	25,687.
c 7-year property		120,178.	7 YRS.	HY	SL	8,588.
d 10-year property						
e 15-year property		670,213.	15 YRS.	HY	SL	22,341.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	56,616.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2023)

SOLELY

85-3898824 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2023 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2023 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**

2023 DEPRECIATION AND AMORTIZATION REPORT

OTHER 1																PA
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
17	VEHICLES - 2021 MERCEDES BENZ SPRINTER	07/01/23	SL	5.00	HY19B		59,961.				59,961.			5,996.	5,996.	
18	VEHICLES - 2022 MERCEDES BENZ SPRINTER	01/01/23	SL	5.00	HY19B		66,233.				66,233.			6,624.	6,624.	
19	VEHICLES - FORD F-650	03/31/23	SL	5.00	HY19B		127,319.				127,319.			12,732.	12,732.	
22	TRUCK (PREVIOUS)	09/30/22	200DB	5.00	HY17									0.		
	* OTHER TOTAL -						253,513.				253,513.			25,352.	25,352.	
	FURNITURE & FIXTURES															
1	FURNITURE & FIXTURES - CHRISTIANA	07/03/23	SL	7.00	HY19C		3,920.				3,920.			280.	280.	
2	FURNITURE & FIXTURES - CHRISTIANA	08/08/23	SL	7.00	HY19C		10,957.				10,957.			783.	783.	
3	FURNITURE & FIXTURES - CHRISTIANA	08/31/23	SL	7.00	HY19C		1,676.				1,676.			120.	120.	
4	FURNITURE & FIXTURES - OFFICE	03/28/23	SL	7.00	HY19C		6,170.				6,170.			441.	441.	
5	FURNITURE & FIXTURES - PROVIDENCE	04/13/23	SL	7.00	HY19C		25,011.				25,011.			1,787.	1,787.	
6	FURNITURE & FIXTURES - PROVIDENCE	06/08/23	SL	7.00	HY19C		3,352.				3,352.			240.	240.	
7	FURNITURE & FIXTURES - PROVIDENCE	06/23/23	SL	7.00	HY19C		14,950.				14,950.			1,068.	1,068.	
8	FURNITURE & FIXTURES - PROVIDENCE	07/03/23	SL	7.00	HY19C		9,735.				9,735.			696.	696.	
9	FURNITURE & FIXTURES - SONO	02/06/23	SL	7.00	HY19C		14,438.				14,438.			1,032.	1,032.	
10	FURNITURE & FIXTURES - SONO	02/27/23	SL	7.00	HY19C		4,958.				4,958.			354.	354.	
11	FURNITURE & FIXTURES - SONO	04/13/23	SL	7.00	HY19C		25,011.				25,011.			1,787.	1,787.	
20	FURNITURE & FIXTURES (PREVIOUS)	04/15/22	200DB	5.00	HY17		64,308.		64,308.					0.		

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

OTHER 1																PA
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
21	FURNITURE & FIXTURES	06/08/23	SL	5.00	HY	19E	3,352.				3,352.			335.	335.	
	* OTHER TOTAL FURNITURE AND FIXTURES						441,351.		64,308.		377,043.			34,275.	34,275.	
	* OTHER TOTAL -						187,838.		64,308.		123,530.			8,923.	8,923.	
	LEASEHOLD IMPROVEMENTS - CHRISTIANA															
12		04/01/23	SL	15.00	HY	19E	128,106.				128,106.			4,270.	4,270.	
13	LEASEHOLD IMPROVEMENTS - MPG	08/01/23	SL	15.00	HY	19E	260,002.				260,002.			8,667.	8,667.	
	LEASEHOLD IMPROVEMENTS -															
14	OFFICE	03/01/23	SL	15.00	HY	19E	5,940.				5,940.			198.	198.	
	LEASEHOLD IMPROVEMENTS -															
15	PROVIDENCE	01/01/23	SL	15.00	HY	19E	153,419.				153,419.			5,114.	5,114.	
	LEASEHOLD IMPROVEMENTS -															
16	SONO	01/01/23	SL	15.00	HY	19E	122,746.				122,746.			4,092.	4,092.	
	* OTHER TOTAL OTHER						670,213.				670,213.			22,341.	22,341.	
	* OTHER TOTAL -						670,213.				670,213.			22,341.		
	* GRAND TOTAL OTHER DEPR						1,111,564.		64,308.		1,047,256.			56,616.	56,616.	

State of Rhode Island Division of Taxation

2023 RI-1065

Partnership Income Return



23110510190101

Federal employer identification number

853898824

RI Secretary of State ID number

For the taxable year from

01/01/2023 through 12/31/2023

Name

SOLEPLY

Address 1

807 DOVER STREET

Address 2

City, town or post office

CHERRY HILL

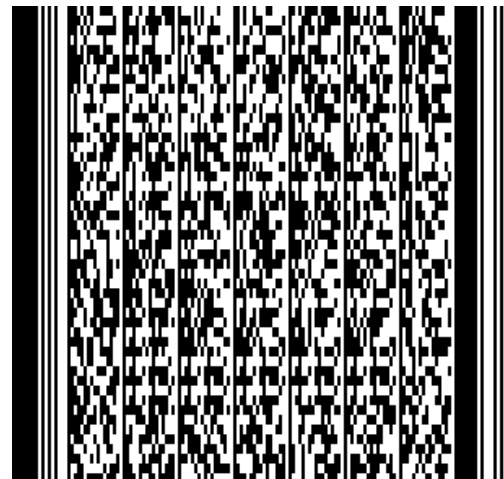
State ZIP code

NJ 08002

E-mail address

NAICS code

458210



☒ Initial Return ☐ Short Year ☐ Pro-Forma ☐ Final Return ☐ Amended Return

Entity type: LLC LLP LP ☒ Partnership SMLLC Address Change

A	Gross Receipts	A	11052382 00
B	Depreciable Assets	B	1111566 00
C	Total Assets	C	2715582 00

Schedule A - Computation of Tax Attach a complete copy of all pages and schedules of the federal return including all K-1's

1	Federal taxable income	1	-516161 00
2	Total Deductions from page 2, Schedule B, line 1e	2	
3	Total Additions from page 2, Schedule C, line 1f	3	756163 00
4	Adjusted taxable income. Line 1 less line 2 plus line 3	4	240002 00
5	Rhode Island Apportionment Ratio from page 4, Schedule I, line 5	5	0.175280
6	Apportioned Rhode Island taxable income. Multiply line 4 times line 5	6	42068 00
7a	Rhode Island Annual Fee - \$400.00	7a	
b	Jobs Growth Tax	7b	
c	RI Pass-through Withholding from RI Schedule PTW, line 13	7c	
d	RESERVED FOR FUTURE USE	7d	
8a	TOTAL TAX AND WITHHOLDING. Add lines 7a through 7d	8a	

IMPORTANT: If entity is a general partnership, enter 0 on lines 7a and 7b. No annual fee is due. All others continue to line 7a.

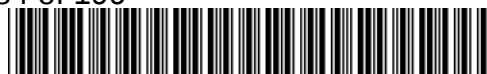
Check if a Jobs Growth Tax is being reported on line 7b.

Due on or before the 15th day of the 3rd month following the close of the taxable year
SMLLC entities please see instructions for information on the due date of your return

State of Rhode Island Division of Taxation

2023 RI-1065

Partnership Income Return



23110510190102

Name
SOLEPLY

Federal employer identification number
85-3898824

8b Total tax and withholding from page 1, Schedule A, line 8a 8b

9a Payments made on 2023 declaration of estimated tax 9a

b Rhode Island pass-through withholding paid on entity's behalf ... 9b

c Nonresident withholding on real estate sales in 2023 9c

d Other payments 9d

10 TOTAL PAYMENTS. Add lines 9a through 9d 10

11 Net tax due. Subtract line 10 from line 8b 11

12 (a) Interest _____ (b) Penalty _____ (c) Form 2220 Interest 12

13 Total due with return. Add lines 11 and 12. (Use Form BUS-V) 13

14 Overpayment. Subtract lines 8b and 12 from line 10 14

15 Amount of overpayment to be credited to 2024 estimated tax 15

16 Amount to be refunded. Subtract line 15 from line 14 16

Schedule B - Deductions to Federal Taxable Income

1a Exempt interest 1a

b Bonus depreciation and Section 179 expense adjustment 1b

c Modification for Tax Incentives for Employers under R.I. Gen. Laws §44-55. Attach Form RI-107 1c

d Cash Basis Only - Deductions for Pass-Through Entity Tax Claimed in prior year (see instructions) 1d

e TOTAL DEDUCTIONS. Add lines 1a, 1b, 1c, and 1d. Enter here and on page 1, Schedule A, line 2 1e

Schedule C - Additions to Federal Taxable Income

1a Interest (see instructions) 1a

b Bonus depreciation adjustment 1b

c Intangible addback 1c

d Pass-through Entity Tax Elected to be Paid under R.I. Gen. Laws §44-11-2.3 1d

e Taxable portion of Paycheck Protection Program loan amount under R.I. Gen. Laws §44-11-11 (see instr.) 1e

f TOTAL ADDITIONS. Add lines 1a, 1b, 1c, 1d, and 1e. Enter here and on page 1, Schedule A, line 3 1f

756163 00

756163 00

State of Rhode Island Division of Taxation

2023 RI-1065

Partnership Income Return



23110510190103

Name
SOLEPLY

Federal employer identification number
85-3898824

Schedule D - Rhode Island Credits

Complete RI Schedule CR-PT, Other RI Credits for RI-1065 and RI-1120S filers, if the entity has credits passing through to its members.

Schedule E - Other Deductions to Federal Taxable Income

- 1 Elective Deduction for New Research and Development Facilities under R.I. Gen. Laws §44-32-1 1
- 2 Qualifying Investment in a Certified Venture Capital Partnership under R.I. Gen. Laws §44-43-2 2

Schedule F - Final Determination of Net Income by Federal Government

Has the Federal Government changed your taxable income for any prior year which has not yet been reported to The Tax Administrator? ☐ Yes ☒ No

If yes, complete an amended Form RI-1065 immediately (see instructions) and submit to the Tax Administrator with any remittance that may be due.

Changes made by the Federal Government in the income of any prior year must be reported to the Tax Administrator within 60 days after a final determination.

Schedule G - General Information

Location of principal place of business in Rhode Island 807 DOVER STREET, CHERRY HILL, NJ 08053

Location of corporation's books and records 807 DOVER STREET, CHERRY HILL, NJ 08002

List states to which you are liable for income or excise taxes for the taxable year NJ

President _____ Treasurer _____

State and date of incorporation NJ 01/01/2021

Schedule H - Federal Taxable Income

Enter amount for year that ended:	2023	2022	2021	2020	2019
	- 516161 00	- 73476 00	- 7935 00	0 00	0 00

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature _____ Print name **DUSTIN BILLOW** Date _____ Telephone number **(856) 830-1600**

Paid preparer signature _____ Print name **LEE SHEILDS** Date **04/01/2024** Telephone number **(856) 830-1600**

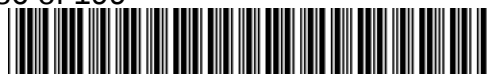
Paid preparer address _____ City, town or post office _____ State _____ ZIP Code _____ PTIN _____
601 ROUTE 73 NORTH, S MARLTON NJ 08053 P00028346

May the Division of Taxation contact your preparer? YES ☒

State of Rhode Island Division of Taxation

2023 RI-1065

Partnership Income Return



23110510190104

Name
SOLEPLYFederal employer identification number
85-3898824**Schedule I - Apportionment**Check if utilizing an alternative allocation apportionment
calculation allowed under 44-11-14.1 through 44-11-14.6Column A
Rhode IslandColumn B
Everywhere

AVERAGE NET BOOK VALUE	1 a Inventory	1a	407339 00	2062261 00
	b Depreciable assets	1b	206468 00	858054 00
	c Land	1c		
	d Rent (8 times annual net rental rate)	1d	2133548 00	8562675 00
	e Total. Add lines 1a, 1b, 1c and 1d	1e	2747355 00	11482990 00
	f Ratio in Rhode Island. Line 1e, Col. A divided by line 1e, Col. B. Calculate to six (6) decimal places	1f		0.239254
RECEIPTS	2 a Gross receipts	2a	2183075 00	11052382 00
	<div> <div>Rhode Island Sales</div> <div>Sales Under 44-11-14(a)(2)(i)(B) ...</div> </div>			
	b Dividends	2b		
	c Interest	2c		
	d Rents	2d		
	e Royalties	2e		
	f Capital gains	2f		
	g Ordinary income	2g		
	h Other income	2h		
	i Income exempt from federal taxation	2i		
SALARIES	j Total. Add lines 2a, 2b, 2c, 2d, 2e, 2f, 2g, 2h and 2i	2j	2183075 00	11052382 00
	k Ratio in Rhode Island, line 2j, Col. A divided by line 2j, Col. B. Calculate to six (6) decimal places	2k		0.197521
RATIO	3 a Salaries and wages paid or incurred	3a	156458 00	1756662 00
	b Ratio in Rhode Island. Line 3a, Col. A divided by line 3a, Col. B. Calculate to six (6) decimal places	3b		0.089066
RATIO	4 Total of Rhode Island ratios shown on lines 1f, 2k and 3b	4		0.525841
	5 Apportionment Ratio. Divide line 4 by the number 3 or the number of ratios used. Enter here and on pg 1, Sch. A, line 5	5		0.175280

State of Rhode Island Division of Taxation

RI Schedule K-1 - 2023

IMAGEONLY

Taxpayer's Share of Income, Deductions, Credits, Etc.

ENTITY INFORMATION	TAXPAYER INFORMATION
Federal identification number: 85-3898824	Taxpayer identification number: [REDACTED]-2803
Name, address, city, state and ZIP code: SOLEPLY 807 DOVER STREET CHERRY HILL, NJ 08002	Name, address, city, state and ZIP code: DUSTIN BILLOW 401 SILVER HILL ROAD CHERRY HILL, NJ 08002
Entity type: <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary	<input type="checkbox"/> INCLUDED IN COMPOSITE FILING (RI-1040C) <input type="checkbox"/> INCLUDED IN RI-PTE FILING
<input type="checkbox"/> AMENDED K-1 <input type="checkbox"/> FINAL K-1	Taxpayer's State of Residency: NJ
	Taxpayer's RI Apportionment Percentage: .175280
	Taxpayer's Ownership Percentage: 51.0000000
	Taxpayer's share of profit (or loss):

SECTION I - TAXPAYER'S INCOME AND DEDUCTION INFORMATION

1	Ordinary Business Income Apportioned to Rhode Island	1	-46119.00
2	Interest and Dividends Apportioned to Rhode Island	2	
3	Income from the Sale or Exchange of Property Apportioned to Rhode Island	3	
4	Rents and Royalties Apportioned to Rhode Island	4	
5	Miscellaneous Income Apportioned to Rhode Island	5	
6	Section 179 deduction Apportioned to Rhode Island	6	
7	Other deductions Apportioned to Rhode Island SEE STATEMENT	7	22.00

SECTION II - TAXPAYER'S OTHER ADDITIONS

1	Income from obligations of any state or its political subdivisions, other than Rhode Island under R.I. Gen. Laws § 44-30-12(1) and R.I. Gen. Laws §44-30-12(2)	1	
2	Bonus depreciation that has been taken for federal purposes that must be added back to Rhode Island income under R.I. Gen. Laws §44-61-1	2	67596.00
3	Pass-through entity tax elected to be paid on your behalf by the pass-through entity under R.I. Gen. Laws § 44-11-2.3	3	
4	Taxable portion of Paycheck Protection Program Loan amount under R.I. Gen. Laws §44-11-11 (see instructions)	4	

SECTION III - TAXPAYER'S OTHER DEDUCTIONS

1	Income from obligations of the US government included in Federal AGI but exempt from state income taxes	1	
2	Elective deduction for new research and development facilities under R.I. Gen. Laws §44-32-1	2	
3	Qualifying investment in a certified venture capital partnership under R.I. Gen. Laws §44-43-2	3	
4	Bonus depreciation that has already been taken on the Federal return that has not yet been subtracted from Rhode Island income under R.I. Gen. Laws §44-61-1	4	
5	Section 179 depreciation that has already been taken on the Federal return that has not yet been subtracted from Rhode Island income under R.I. Gen. Laws §44-61-1.1	5	
6	Tax Incentives for Employers under R.I. Gen. Laws §44-55	6	
7	Cash Basis Only - Deductions for Pass-Through Entity Tax Claimed in prior year	7	

State of Rhode Island Division of Taxation

RI Schedule K-1 - 2023



IMAGE ONLY

Taxpayer's Share of Income, Deductions, Credits, Etc.

ENTITY INFORMATION

TAXPAYER INFORMATION

Federal identification number: 85-3898824

Taxpayer identification number: [REDACTED] -2803

SECTION IV - RI SCHEDULE PTW INFORMATION

- | | | | |
|---|--|---|-------|
| 1 | Rhode Island source income included on RI Schedule PTW - Pass-through Withholding Transmittal Schedule as part of Form RI-1120S, RI-1065, or RI-1041 | 1 | _____ |
| 2 | Pass-through withholding payment made on taxpayer's behalf | 2 | _____ |

SECTION V - COMPOSITE FILING INFORMATION

- | | | | |
|---|---|---|-------|
| 1 | Rhode Island source income included on composite filing | 1 | _____ |
| 2 | Composite payment made on taxpayer's behalf | 2 | _____ |

SECTION VI - RI-PTE PASS-THROUGH ENTITY ELECTION INFORMATION

- | | | | |
|---|--|---|-------|
| 1 | Rhode Island source income included on Pass-through Entity Election Tax Return | 1 | _____ |
| 2 | Pass-through entity election tax paid on taxpayer's behalf on Form RI-PTE | 2 | _____ |

SECTION VII - TAXPAYER'S CREDIT BREAKDOWN

- | | | | |
|---|--|---|-------|
| 1 | RI-2276 - Tax Credit for Contributions to Qualified Scholarship Organization - R.I. Gen. Laws §44-62 | 1 | _____ |
| 2 | RI-286B - Historic Preservation Investment Tax Credit - R.I. Gen. Laws §44-33.2 and Historic Preservation Tax Credits 2013 - R.I. Gen. Laws §44-33.6 | 2 | _____ |
| 3 | RI-5442 - Low-Income Housing Tax Credit - R.I. Gen. Laws §44-71 | 3 | _____ |
| 4 | RI-6754 - Rhode Island New Qualified Jobs Incentive Act 2015 - R.I. Gen. Laws § 44-48.3 | 4 | _____ |
| 5 | RI-7253 - Rebuild Rhode Island Tax Credit - R.I. Gen. Laws §42-64.20 | 5 | _____ |
| | RI-8201 - Motion Picture Production Company Tax Credit - R.I. Gen. Laws § 44-31.2 and Musical and Theatrical | | |
| 6 | Production Tax Credits - R.I. Gen. Laws § 44-31.3 | 6 | _____ |

RI SCHEDULE K-1		OTHER DEDUCTIONS, LINE 7	
DESCRIPTION	FEDERAL AMOUNT	RHODE ISLAND AMOUNT	
CASH CONTRIBUTIONS (60%)	128.	22.	
TOTAL INCLUDED ON RI SCHEDULE K-1, LINE 7	128.	22.	

State of Rhode Island Division of Taxation

RI Schedule K-1 - 2023

IMAGEONLY

Taxpayer's Share of Income, Deductions, Credits, Etc.

ENTITY INFORMATION	TAXPAYER INFORMATION
Federal identification number: 85-3898824	Taxpayer identification number: [REDACTED]-9460
Name, address, city, state and ZIP code: SOLEPLY 807 DOVER STREET CHERRY HILL, NJ 08002	Name, address, city, state and ZIP code: THOMAS YODER, JR 807 DOVER STREET CHERRY HILL, NJ 08002
Entity type: <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary	<input type="checkbox"/> INCLUDED IN COMPOSITE FILING (RI-1040C) <input type="checkbox"/> INCLUDED IN RI-PTE FILING
<input type="checkbox"/> AMENDED K-1 <input type="checkbox"/> FINAL K-1	Taxpayer's State of Residency: NJ
	Taxpayer's RI Apportionment Percentage: .175280
	Taxpayer's Ownership Percentage: 49.0000000
	Taxpayer's share of profit (or loss):

SECTION I - TAXPAYER'S INCOME AND DEDUCTION INFORMATION

1	Ordinary Business Income Apportioned to Rhode Island	1	-44310.00
2	Interest and Dividends Apportioned to Rhode Island	2	
3	Income from the Sale or Exchange of Property Apportioned to Rhode Island	3	
4	Rents and Royalties Apportioned to Rhode Island	4	
5	Miscellaneous Income Apportioned to Rhode Island	5	
6	Section 179 deduction Apportioned to Rhode Island	6	
7	Other deductions Apportioned to Rhode Island SEE STATEMENT	7	22.00

SECTION II - TAXPAYER'S OTHER ADDITIONS

1	Income from obligations of any state or its political subdivisions, other than Rhode Island under R.I. Gen. Laws § 44-30-12(1) and R.I. Gen. Laws §44-30-12(2)	1	
2	Bonus depreciation that has been taken for federal purposes that must be added back to Rhode Island income under R.I. Gen. Laws §44-61-1	2	64945.00
3	Pass-through entity tax elected to be paid on your behalf by the pass-through entity under R.I. Gen. Laws § 44-11-2.3	3	
4	Taxable portion of Paycheck Protection Program Loan amount under R.I. Gen. Laws §44-11-11 (see instructions)	4	

SECTION III - TAXPAYER'S OTHER DEDUCTIONS

1	Income from obligations of the US government included in Federal AGI but exempt from state income taxes	1	
2	Elective deduction for new research and development facilities under R.I. Gen. Laws §44-32-1	2	
3	Qualifying investment in a certified venture capital partnership under R.I. Gen. Laws §44-43-2	3	
4	Bonus depreciation that has already been taken on the Federal return that has not yet been subtracted from Rhode Island income under R.I. Gen. Laws §44-61-1	4	
5	Section 179 depreciation that has already been taken on the Federal return that has not yet been subtracted from Rhode Island income under R.I. Gen. Laws §44-61-1.1	5	
6	Tax Incentives for Employers under R.I. Gen. Laws §44-55	6	
7	Cash Basis Only - Deductions for Pass-Through Entity Tax Claimed in prior year	7	

State of Rhode Island Division of Taxation

RI Schedule K-1 - 2023



IMAGE ONLY

Taxpayer's Share of Income, Deductions, Credits, Etc.

ENTITY INFORMATION		TAXPAYER INFORMATION	
Federal identification number:	85 - 3898824	Taxpayer identification number:	- 9460

SECTION IV - RI SCHEDULE PTW INFORMATION

1	Rhode Island source income included on RI Schedule PTW - Pass-through Withholding Transmittal Schedule as part of Form RI-1120S, RI-1065, or RI-1041	1	
2	Pass-through withholding payment made on taxpayer's behalf	2	

SECTION V - COMPOSITE FILING INFORMATION

1	Rhode Island source income included on composite filing	1	
2	Composite payment made on taxpayer's behalf	2	

SECTION VI - RI-PTE PASS-THROUGH ENTITY ELECTION INFORMATION

1	Rhode Island source income included on Pass-through Entity Election Tax Return	1	
2	Pass-through entity election tax paid on taxpayer's behalf on Form RI-PTE	2	

SECTION VII - TAXPAYER'S CREDIT BREAKDOWN

1	RI-2276 - Tax Credit for Contributions to Qualified Scholarship Organization - R.I. Gen. Laws §44-62	1	
2	RI-286B - Historic Preservation Investment Tax Credit - R.I. Gen. Laws §44-33.2 and Historic Preservation Tax Credits 2013 - R.I. Gen. Laws §44-33.6	2	
3	RI-5442 - Low-Income Housing Tax Credit - R.I. Gen. Laws §44-71	3	
4	RI-6754 - Rhode Island New Qualified Jobs Incentive Act 2015 - R.I. Gen. Laws § 44-48.3	4	
5	RI-7253 - Rebuild Rhode Island Tax Credit - R.I. Gen. Laws §42-64.20	5	
	RI-8201 - Motion Picture Production Company Tax Credit - R.I. Gen. Laws § 44-31.2 and Musical and Theatrical		
6	Production Tax Credits - R.I. Gen. Laws § 44-31.3	6	

RI SCHEDULE K-1		OTHER DEDUCTIONS, LINE 7	
DESCRIPTION	FEDERAL AMOUNT		RHODE ISLAND AMOUNT
	123.		22.
	123.		22.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

PARTNERS' COPY

Soleply LLC

Profit and Loss

January - December 2024

	TOTAL
Income	
Sales	9,322,543.51
Sales Discounts	-318,409.80
Sales Returns	-330,119.95
Shopify sales	
Sales of Product Income	168,274.70
Total Shopify sales	168,274.70
Total Income	\$8,842,288.46
Cost of Goods Sold	
Cost of Goods Sold	5,172,045.86
Cost of Goods Sold Carryover	106,458.18
Total Cost of Goods Sold	5,278,504.04
Shipping	9,099.64
Total Cost of Goods Sold	\$5,287,603.68
GROSS PROFIT	\$3,554,684.78
Expenses	
Advertising & Marketing	11,207.46
Promotional Expenses	167.48
Total Advertising & Marketing	11,374.94
Bank Charges & Fees	3,117.42
Brinks Cash Drop	13,823.25
Merchant Service Fees	40,157.18
Total Bank Charges & Fees	57,097.85
Car & Truck	19,482.19
Auto R&M	2,200.66
Automobile Insurance	36,184.68
Fuel / Gasoline	8,354.29
Parking & Tolls	8,185.17
Total Car & Truck	74,406.99
Cleaning and Janitorial Expenses	1,230.36
Computer & Internet	845.05
Computer Software (non-asset)	25,795.99
Computer Supplies & Expenses	725.27
Contractors	212.75
Dues & subscriptions	1,498.59
Google Subscriptions	226.21
Total Dues & subscriptions	1,724.80
Employee Benefits	21,093.12

Soleply LLC

Profit and Loss

January - December 2024

	TOTAL
Insurance	25,870.50
Business Owners Insurance	76,937.03
Worker Comp	5,287.80
Total Business Owners Insurance	82,224.83
Total Insurance	108,095.33
Interest Paid	24,342.40
Laundry Service	3,392.45
Legal & Professional Services	20,209.45
Meals & Entertainment	5,821.42
Office Supplies & Expenses	8,048.12
Payroll Expenses	47,756.57
Payroll Expenses - 1099 Employees	1,790.80
Payroll Processing Fees	41,423.93
Payroll Salaries & Wages	1,736,085.50
Payroll Taxes	178,028.01
Reimbursable Expenses	6,457.62
Rent Expense - Facility	980,186.04
Repairs & Maintenance	12,837.96
Shopify fees	63,408.54
Sneaker Authentication	7,099.41
Sneaker Repair	2,076.00
Staffing Expenses	
Recruiting/Hiring Services	4,955.67
Total Staffing Expenses	4,955.67
Store Supplies	63.35
Taxes & Licenses	140.00
Travel	8,486.35
Utilities	21,829.01
Cable	11,841.91
Internet & Phone	17,080.40
Waste Management	32,231.61
Water / Sewer	265.73
Total Utilities	83,248.66
Total Expenses	\$3,538,460.70
NET OPERATING INCOME	\$16,224.08
NET INCOME	\$16,224.08

Soleply LLC

Balance Sheet

As of March 20, 2025

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	\$50,650.67
Total Current Assets	\$50,650.67
Fixed Assets	
Accumulated Depreciation	-83,508.0
Furniture & Equipment	67,660.5
Furniture & Equipment - Christiana	0.00
Furniture & Equipment - Office	6,170.39
Furniture & Equipment - Providence	58,524.01
Furniture & Equipment - SoNo	0.00
Furniture & Equipment - Warehouse	25,120.17
Inventory	1,154,360.00
Store Buildout - Christiana	0.00
Store Buildout - Cross Gates	0.00
Store Buildout - MPG	0.00
Store Buildout - Office	0.00
Store Buildout - Providence	153,419.36
Store Buildout - SoNo	0.00
Vehicles	
Tractors & Trailers	0.00
2021 Mercedes Benz Sprinter	59,960.57
2022 Mercedes Benz Sprinter	66,233.35
Ford F-650	0.00
Total Tractors & Trailers	173,171.74
Total Vehicles	173,171.74
Total Fixed Assets	\$1,558,591.02
Other Assets	
Security Deposit - Cristiana Mall	51,507.00
Security Deposit - Providence PI	50,000.00
Security Deposit - SoNo	25,000.00
Total Other Assets	\$126,507.00
TOTAL ASSETS	\$1,685,098.02

Soleply LLC

Balance Sheet

As of March 20, 2025

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Amex Blue Business # 11009	14,594.48
Amex Platinum #12009	34,374.41
Amex Platinum #12009 - Dustin	0.00
Capital One Credit Card	0.00
Chase Credit Card #0261	76,389.23
Credit Card	9,905.45
Total Credit Cards	\$135,263.57
Other Current Liabilities	
401K Loan Payable	0.00
401K W/H	0.00
Bruce Billow Loan - \$30K 02/28/23	0.00
Bruce Billow Loan 1	0.00
Credit Card Advance	0.00
Credit Card Debt - amex	0.00
Dustin Billow Loan 2	0.00
Inventory Loan	0.00
Loan from Kabbage/Shopify	0.00
Loan from Nevis	0.00
Loan Payable	0.00
Nevis Loan 1	0.00
Nevis Loan 2	0.00
Nevis Loan 3	27,799.80
Nevis Loan 4	14,546.04
Nevis Loan 5	11,282.30
Nevis Loan 6	126,086.47
Nevis Loan 7	23,273.60
Nevis Loan 8	48,486.60
Payroll Tax W/H	0.00
Sales Tax Payable	0.00
Total Other Current Liabilities	\$251,474.81
Total Current Liabilities	\$386,738.38

Soleply LLC

Balance Sheet

As of March 20, 2025

	TOTAL
Long-Term Liabilities	
2021 Mercedes Benz Sprinter Loan	55,450.49
2022 Mercedes Benz Sprinter Loan	34,957.04
2023 Ford F-650 Auto Loan Dustin	0.00
Billow Loan 1	0.00
DG Sneakz Inventory Loan	288,668.00
Kajie Li Inventory Loan	320,874.64
Fundomate Tech Funding - \$200K	0.00
Fundomate Tech Funding - \$250K	0.00
Fundomate Tech Funding - \$400K	0.00
Notes Payable FUNDOMATE	826,665.64
Thomas Yoder Loan 1 - \$20K	0.00
Total Long-Term Liabilities	\$1,526,615.81
Total Liabilities	\$1,913,354.19
Equity	
BUS COMPLETE CHK (7603) - Vintage Clothing	0.00
Opening Balance Equity	0.00
Owners Equity - Billow	682,819.67
Owner Contribution - Billow	194,804.32
Owner Distributions - Billow	-72,444.80
Total Owners Equity - Billow	805,179.19
Owners Equity - Yoder	608,999.00
Owner Contribution - Yoder	191,785.03
Owner Distributions - Yoder	-49,722.94
Total Owners Equity - Yoder	751,061.09
Retained Earnings	279,729.06
Net Income	0.00
Total Equity	\$1,835,968.67
TOTAL LIABILITIES AND EQUITY	\$3,749,322.86

CASH FLOW STATEMENT

The Debtor does not maintain a cash flow system. No statement available.